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ABSTRACT

This competency-based course is designed to update the skills and knowledge of inactive nurses desiring to return to active practice. Focus of the course is on organizing and managing patient care using the nursing process; performing nursing procedures, including medication administration; and reintegrating oneself into the professional responsibilities of nursing. The course includes classroom instruction, independent study, non-hospital laboratory experience, and in-hospital patient care. All experiences are expected to be conducted under the direction of nursing instructors. The course includes a competency profile for refresher nursing and a set of student competency sheets for all units of instruction. The course is organized into three units. The first unit on organizing and managing patient care contains three modules that cover the nursing process, management of patient care, and documentation. Unit 2, on nursing care and patient interaction, contains five modules that cover communication skills; pharmacology; intravenous therapy; asepsis and infection control; and medical-surgical problems, procedures, and treatments. The final unit, on professional responsibilities, covers trends in nursing and legal aspects of nursing, in two modules. Each module contains an overview, a student competency sheet, performance objectives, learning activities, an evaluation, enrichment activities, student worksheets, and a teacher's guide with answers to student worksheets. The questionnaire on nursing skills that was used to develop the course is included in an appendix. (KC)

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COMPETENCY BASED REFRESHER NURSE CURRICULUM

by

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Principal Investigator

Howard Community College
Columbia, Maryland 21044

1982

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Final Report Abstract

Project Title:	Development of a Competency-Based Education Course for Refresher Nursing
Agency:	Howard Community College Columbia, Maryland 21044
Project Director:	Margaret Mohler
Source of Funds:	Curriculum
Project Budget:	$2,480.00

Project Description:

The purpose of this project was to develop a competency-based course for refresher nurses. CBE lends itself to assisting the inactive nurse to acquire skills to re-enter the job market. A course focusing on the development of skills necessary for employment assists this returning nurse and his/her potential employer.

Howard Community College has been involved in developing and running Nursing programs for 6 years. Suggestions and ideas from nurses and instructors have led to the recognition that a curriculum focusing on development of competencies would permit the refresher nurse to feel confident and competent in his/her ability to function in the hospital.

Refresher nurses come to a Refresher course with varied educational backgrounds, work experiences and length of time since employment. A competency based course broadens the curriculum so that it can better accommodate the nurses desiring to return to the active practice of nursing.

Products Developed Included:

1. A course of study for Refresher Nursing
2. A competency profile for Refresher Nursing
3. A set of student competency sheets for all units of instruction for Refresher Nursing

Introduction

There is an increasing need for nurses today. Returning inactive nurses to the practice of nursing in an efficient way of meeting the current nursing shortage. A course of study that allows the nurse to develop confidence in his/her skill level is more likely to remain in active practice.

A course, particularly an adult education program, must recognize human uniqueness. Learning styles, learning rates and what the nurse considers important to learn constitute learning uniqueness. A course which recognizes and accommodates these unique differences fosters self directedness, learning enjoyment and greater participation in the learning program.

The goals of this project were:

1. To meet the learning needs of inactive nurses.

2. To design a course which develops proficiency in skills necessary to re-enter the nursing job market.

Rationale

The competency-based curriculum in Refresher Nursing will provide hospitals and other health care institutions with nurses who are competent in performing basic nursing skills, knowledgeable about procedures and treatments and trends in nursing practice and education. The nurse will feel confident in his/her ability to function as a member of the health team.

Having taught the Refresher Nursing Course at Howard Community College for two years, the project investigator recognized through informal interviews with Refresher students, instructors and head nurses that the mini-nursing school program currently used was not as effective in returning inactive nurses to nursing as it could be. The course needed more realistic and clearer statements of expectations and better organization of course materials and a focus on skill acquisition rather than theory knowledge.

After much thought, CBE was the format chosen for the development of a curriculum for Rrefresher Nursing. The content for the course was chosen and organized based on interviews with staff nurses, head nurses and Refresher nurses (those who are currently working and those who left nursing again after the Refresher course). A questionnaire was sent to inservice coordinators from area hospitals asking them to rank skills and knowledge desired in a Refresher course. A course of study for Refresher Nursing was then developed.

Course of Study

Course Title:	Refresher Nursing
Department:	Continuing Education
School:	Howard Community College
Instructor:	Mary C. Lombardo, R.N., M.S.N. (to be announced)
Credits:	Non-credit. Continuing Education Units may be available through the Maryland Nurses Association.
Prerequisites:	Graduation from an accredited school of nursing (hold a B.S. in nursing, associate degree in nursing, or diploma in nursing), current licensure in the State of Maryland (or have filed for licensure) and negative TB test.
Course Description:	This course is designed to update the skills and knowledge of inactive nurses desiring to return to active practice. Focus of the course is on organizing and managing patient care using the nursing process, performing nursing procedures including medication administration and reintegrating oneself into the professional responsibilities of nursing. The course includes classroom instruction, independent study, non-hospital laboratory experience, and in-hospital patient care. All experiences are under the direction of the nursing instructor(s).

At the completion of this course, the nurse should be able to:

1. Identify patient needs based on observations of behavior.
2. Identify goals and objectives appropriate to patient care.
3. Devise more than one approach to meet patient needs or solve a problem.
4. Complete a nursing history considering patient individuality.
5. Evaluate patient progress based on established criteria.
6. Organize and prioritize nursing care based on assessment.

7. Adapt care to meet changing needs of patients.

8. Plan nursing care to fit within the framework of medical therapy.

9. Identify the purposes and functions of team nursing and primary nursing.

10. Write accurate reports of patient behavior using both a narrative method and problem oriented method.

11. Respond therapeutically to patient behavior.

12. Interview patients using therapeutic techniques.

13. Meet the teaching and learning needs of patients.

14. Safely prepare and administer the following pharmacological agents: tablets, capsules, liquids, eye drops, nose drops.

15. Deliver nursing care within the framework of medical asepsis.

16. Respond appropriately to emergency situations.

17. Make plans to meet personal learning needs by sharing with the instructor.

18. Develop awareness of personal learning needs by doing self evaluations.

19. Function within the framework of the legal constraints of nursing.

20. Identify the current social factors that have influenced nursing.

Compentency Profile

Student's Name: _____

Instructor's Name: _____

Course: Refresher Nursing

Date: _____

Attendance Record:

	Absences (date, hours missed)
Theory	
Clinical	

Background Information: The following includes all the competencies for the Refresher Nursing course. Listed according to units, these are: (1) organizing and managing patient care, (2) nursing care and patient interaction, and (3) professional responsibilities. These units are divided into modules. The nurse must demonstrate proficiency at S (satisfactory) or A (acceptable) level of performance before successfully completing the program.

Rating Scale: Directions: Indicate at which level the nurse performs the following tasks by placing a checkmark in the appropriate space.

S - Nurse completes the task efficiently and proficiently. Analyzes facts and principles.

A - Nurse completes the task competently. Understands facts and principles.

U - Nurse completes some of the task at minimal levels of proficiency. Identifies some facts and principles.

Competencies:

RATING S	RATING A	RATING U	COMPETENCIES
			Unit I: Organizing and Managing Patient Care
			A. The Nursing Process
			1. Explain the purpose of the nursing process.
			2. Discuss the process of assessment.
			3. Describe how nursing care is planned.
			4. Describe the implementation process.
			5. Explain the process of evaluation.
			B. Management of Patient Care
			1. Describe the underlying concepts and essential components of team nursing.
			2. Describe the underlying concepts and essential components of primary nursing.
			C. Documentation
			1. Select four major purposes of recording patient information.
			2. Utilize abbreviations and terminology which are frequently used in reporting and recording.
			3. Write nurses notes using the problem oriented or SOAP format.
			4. Write nurses notes using the narrative format.
			5. List the main purposes of the shift report.
			6. Give shift reports after selecting the essential and pertinent patient information.
			Unit II: Nursing Care and Patient Interactions
			Module A
			1. Explain the communication process, its aspects and components.
			2. Interpret verbal and nonverbal communication.
			3. Differentiate between social and therapeutic conversations with patients.
			4. Communicate concern and interest to the patient.
			5. Utilize therapeutic techniques when interacting with patients.
			6. Recognize the use of nontherapeutic techniques.
			Module B Pharmacology
			1. Identify basic components of pharmacology
			2. Calculate drug doses correctly at 90% accuracy.
			3. Identify essential information concerning all drugs administered in the clinical area.
			4. Demonstrate safe technique in administering parenteral, oral drugs, ear and eye drops and suppositories.

RATING			COMPETENCIES
S	A	U	
			Module C: IV Therapy 1. Calculate IV flow rates correctly at 90% accuracy. 2. List and assemble equipment needed to start an IV. 3. Identify the nursing responsibilities in maintaining IV infusions (including checking for infiltration, dressing change, tubing and bag change). 4. Identify the nursing responsibilities in discontinuing IV infusions. 5. Describe the procedure for the use of the toned pump and the IVAC controller. 6. Identify the nursing measures used to administer medications by intermittent infusion. 7. Describe the nursing care of patients who are blood and/or plasma components. Module D: Asepsis and Infection Control 1. Use the terminology of aseptic practice correctly. 2. Differentiate between medical and surgical asepsis. 3. Discuss the purposes and nursing measures employed for isolation procedures. 4. Perform aspetic techniques basic to nursing care. 5. Apply the principles of asepsis in giving nursing care. Module E-1: Medical-Surgical Problems, Procedures and Treatments - Cardiorespiratory System 1. Recall normal anatomy and physiology of the cardiovascular and respiratory systems. 2. Identify and use correct procedure in assessing vital signs. 3. List the standard procedures for a patient receiving oxygen therapy through mask, nasal cammula or nasal catheter. 4. Describe the nursing care of a patient with water seal chest drainage. 5. Identify the specific techniques used in suctioning a patient. Module E-2: Medical Surgical Problems, Procedures and Treatment -- Renal and Gastrointestinal Systems 1. Recall normal anatomy and physiology of the renal and gastrointestinal systems. 2. Explain the rationale and procedure for ostomy care. 3. Assess for the presence of bowel sounds. 4. Identify the principles of caring for patients who have a nasogastric tube in place. 5. Utilize sterile technique when catheterizing a patient.

RATING			COMPETENCIES
S	A	U	

Module E-3: Medical Surgical Problems, Procedures and Treatments -- Muscularskeletal System

1. Identify bones and muscles of the muscularskeletal system.
2. Utilize nursing judgment in the care and use of protective restraints.
3. Explain the various types of traction and the nursing care.
4. Identify the types of casts, care of patients with casts and patient teaching needs of casted patients.

Module E-4: Medical Surgical Problems, Procedures and Treatments -- Dressings and Wound Care

1. Use the principles of asepsis while changing dressings.
2. Discuss the various types of dressings, their purposes and nursing implications.
3. State the procedure for irrigating wounds.

Module E-5: Medical Surgical Problems, Procedures and Treatments -- Specimen Collection and Laboratory Analysis

1. List the procedural steps in taking specimens (urine, stool-guiac, sputum, cultures).
2. Identify the normal values and reasons for deviation from the normal in laboratory tests (CBC, electrolytes, blood sugar, BUN urine, prothrombia time, APTT).

Module E-6: Medical Surgical Problems, Procedures and Treatments -- CPR

1. List functions and roles of team members during a hospital cardiac arrest.
2. Identify procedure for one person CPR.
3. Identify procedure for two person CPR.
4. Describe the equipment found on a CPR cart.

Unit III: Professional Responsibilities

Module A: Trends in Nursing

1. Describe the four major types of nursing programs.
2. Identify how nursing education has influenced the practice of nursing.
3. Describe how various factors (patient rights movement, health care delivery systems, collective bargaining and nursing organizations) have influenced the current practice of nursing.

Module B: Legal Aspects of Nursing

1. Use correctly the vocabulary essential to understanding the legal aspects of nursing.
2. Define and give at least one example of negligent conduct.
3. Differentiate between legal and ethical considerations.

Instructional Materials, Supplies and Equipment

Required Text:	Massachusetts General Hospital Manual of Nursing Procedures, Little Brown and Co., 1980. Ellis, J. and Hartley, C., Nursing in Today's World, J.B. Lippincott, 1980. Ryan, S. and Clayton, B., Handbook of Practical Pharmacology, C.V. Mosby, 1980. OR Govoni, Lana Hays, J., Drugs and Nursing Implications, Appleton Century Crafts, 1980.
Clinical Teaching Facilities:	Nursing Lab, Howard Community College, Columbia, Maryland Howard County General Hospital, Columbia, Maryland Columbia Medical Plan, Columbia, Maryland
Teaching Methods:	Demonstrations Films and Filmstrips Group Discussion Indivdiual Learning Lecture Observations Patient Care Assignments Tapes Transparencies
Evaluation Method:	Satisfactory completion of all theory assignments Ability to meet all course objectives at a satisfactory level of performance

Content Outline

UNIT I: ORGANIZING AND MANAGING PATIENT CARE

A. The Nursing Process
   1. Assessment
   2. Planning
   3. Implementation
   4. Evaluation

B. Management of Patient Care
   1. Team Nursing
   2. Primary Care

C. Documentation
   1. Nursing Care Plans
   2. Nurses Notes - Narrative and Problem Oriented

UNIT II: NURSING CARE AND PATIENT INTERACTION

A. Communication Skills
   1. Nurse-Patient (Therapeutic and Non-Therapeutic)
   2. Staff to Staff (Giving Report, Nurse Doctor Communications)

B. Pharmacology
   1. Dosage and Calculations
   2. Administration of Medications

C. IV Therapy
   1. Use of Equipment
   2. Maintaining IV Therapy

D. Asepsis and Infection Control
   1. Medical Asepsis
   2. Isolation Procedures

E. Medical Surgical Problems, Procedures and Treatments
   1. Cardio Respiratory System (include deep breathing and coughing, oxygen therapy, nasotrachel suctioning, pleurevac tracheostomy care, blood pressure, pulse assessment, evaluation Homan's sign)
   2. Nutrition and Elimination (include gastric intubation, tube feeding, ostomy care, catheterization, bowel sounds assessment)
   3. Muscularskelatal (include traction, cast care, restraints)
   4. Dressings and Wound Care (include application wet and dry dressings, K pads, decubitus care management)
   5. Specimen Collection and Laboratory Analysis (include urine specimen tests, wound cultures)
   6. Emergency Procedures (include CPR, assessment of patient during emergency)

UNIT III: PROFESSIONAL RESPONSIBILITIES

A. Trends in Nursing
   1. Changes in Nursing (education, etc.)
   2. Social Factors Influencing Nursing (patient rights, etc.)

B. Legal Aspects of Nursing
   1. Legal Trends
   2. Liability Insurance

APPENDIX

Nursing Skills Questionnaire

UNIT I

Unit I: Organizing and Managing Patient Care

Unit Prospectus:

The primary aim of hospitals is to care for the sick. Nurses are concerned with giving continuous, quality care to each person assigned to his/her care; in addition, the nurse is responsible for coordinating the services of the varied professionals into the patient's schedule of care.

One popular method organizing patient care is the nursing process. The nursing process is an organized system of planning the delivery of nursing care. When used consistently, the nursing process can help ensure quality patient care. The essential steps of the nursing process are:

1. Assessment
2. Planning
3. Implementation
4. Evaluation

The nurse in today's hospital functions as a manager and a leader. Two basic types of nursing management are utilized in most of today's hospitals -- team leading and primary care. Team nursing is a pyramidal supervisory structure in which one nurse leader guides and supervises the work of several care givers.
This system of care has become popular in recent years although nursing shortages limit its implementation.

Essential to the care of patients is the recording of information. Documentation of accurate, concise information about the patients, their care and their response to treatment is an important nursing responsibility. Although there are several methods of documenting care, three particular methods will be discussed: nursing care plans, episodic nurses notes and problem oriented charting.

At the completion of this unit, the nurse will have gained skills in the theoretical management of patient care. Having learned this information, the nurse can approach the clinical setting with increased confidence and improved ability to deliver quality care. In order to facilitate the learning of the material, this unit has been divided into three modules:

Module A: The Nursing Process
Module B: Nursing Management
Module C: Documentation

If you have any questions or concerns regarding this unit, please see the instructor.

Module A: The Nursing Process

Overview

In the past, nursing practice has focused on actions of nurses -- actions that are for the most part based on custom and common sense. Nursing actions have not always been structured, deliberate, based on scientific evidence or indivdiualized to the needs of the patient. In recent years, nurses have gradually worked to develop a more systematic and rational pattern for their practice. This system of organizing care is known as the nursing process.

The essential steps of the nursing process are: (1) assessment, (2) planning, (3) implementation and (4) evaluation. Assessment, the first step in the nursing process, includes data collection (usually in the form of a nursing history) and a nursing diagnosis. During the planning phase, the nurse identifies problems, establishes priorities, and plans the nursing interactions to solve the problem or meet the need. Implementation is the actual giving of nursing care that is individualized and appropriate. The final step in the nursing process is evaluation, during which the nursing care is appraised as to its effectiveness. Although evaluation is considered the last step in the process, it is not static and continues with reassessment, replanning, implementation and re-evaluation.

The purpose of this module is to introduce the nurse to the nursing process, therefore preparing him/her to apply this knowledge in the clinical setting.

Student Competency Sheet

Unit I: Organizing and Managing Patient Care

Module A: The Nursing Process

Competency: Describe how the four phases of the nursing process are used in planning and organizing patient care.

Performance Objectives:

1. Explain the purpose of the nursing process.
2. Discuss the process of assessment.
3. Describe how nursing care is planned.
4. Explain the process of evaluation.

Learning Activities:

Directions: Check off each required activity as you complete it. If you have any questions or problems, please see the instructor.

____ 1. Read: Fair, T., "Getting the Most Mileage Out of Patient Questions," RN, June 1978, p. 81+.

Dorsey, B., "Perfecting Your Skills for Systematic Patient Assessments," Nursing 79, February, p. 42-45.

Dicken, A., "Why Patients Should Plan Their Own Recovery," RN, March 1978m p. 52-55.

Gordon, M., "Nursing Diagnosis and the Diagnostic Process," AJN 76: ;298-1300, August.

____ 2. Complete the nursing process worksheet (see attached worksheet).

____ 3. Discuss in class how the nursing process can be used to organize patient care.

Evaluation: Evaluate how the nursing process is used in caring for patients and planning their care.

Enrichment Activity:

____ 1. Develop a nursing history tool used in assessing patient needs and problems. Share this in class.

____ 2. Interview someone (another classmate, friend) using your nursing history, and assessment guide on an audiotape and give to the instructor for comment on your interview format.

Unit I: Organizing and Managing Patient Care

Module A: The Nursing Process

Answers to student worksheet

Part I: The Nursing Process

1. Any variety of answers is acceptable -- use your own judgment. It would be a good idea for nurses to share these answers in class.

2. a. assess
   b. plan
   c. implement
   d. evaluate

Part II: Assessment

1. a. observation
   b. interviewing
   c. examination of the data collected

2. a. J
   b. J
   c. O
   d. O
   e. J
   f. J
   g. J

3. a. J
   b. S
   c. S
   d. J
   e. J
   f. J

4. Maslow's Theory

   Physiological Needs - 1. a
   2. f
   3. k

   Safety and Security Needs - 1. b
   2. o
   3. g

Love and Belonging Needs - 1. e
2. h
3. l

Self Esteem Needs - 1. c
2. m
3. i

Self Actualization Needs - 1. d
2. n

5. Nursing Diagnosis

a. I - medical diagnosis

b. C - problem and cause stated

c. I - too vague

d. I - vague, makes a judgment

e. C - problem and cause stated

f. C - problem and cause stated

Part III: Planning

A. Planning Steps

1. a. setting priorities

b. writing goals

c. planning nursing activities

B. Prioritizing Care

1. Answers will be varied depending on reference used. Use your judgment in evaluating the answer.

2. Answers will be varied. Use your judgment in evaluating the answer.

3. a. Priority #1 - physiological need - observe patient for signs and symptoms of hemorrhage reoccurance and effects of hemorrhage as well as watch blood infusion.

Priority #2 - love and belonging - to have husband near.

b. Priority #1 - physiological need - exercise with passive activities.

Priority #2 - safety and security - to feel he has some control over his daily activity and planning.

C. Goal Setting

1. Definitions - use your judgment; answers will vary. Have nurses share the answers in class. Answers may include:

   a. Nursing goal: desired outcome of nursing care.

   b. Short-term goal: goal that is met quickly, in hours or days.

   c. Long-term goal: goal met over an extended period of time or met by the progression of short-term goals.

2. a. C - observable with patient outcomes

   b. I - vague, not measurable

   c. I - vague, not measurable

   d. C - observable with patient outcome

   e. I - not specific, not measurable

   f. I - not measurable

D. Nursing Action

Definition - answers will vary; use your own judgment. Have nurses share their answers in class. Sample answer: "Things the nurse plans to do to help the patient achieve the goal. They are safe, realistic and based on scientific principles. Nursing actions take into consideration patient preferences, hospital routine and medical orders."

Part IV: Implementation

1. Define implementation: Answers will vary; use your own judgment. Have nurses share their answers in class. Sample answer: "Process of giving patient care during which continued data collection continues."

2. Answers will vary; use your own judgment. Have nurses share their answers in class.

Part V: Evaluation

1. a. What was the specific patient behavior stated in the goal?

   b. Was the patient able to perform the behavior within the time frame?

2. Answers will vary but should include the following:

   a. update nursing care
   b. become aware of new priorities
   c. become aware of new problems
   d. erase met needs and solved problems

Student Worksheet

Unit I: Organizing and Managing Patient Care

Module A: The Nursing Process

Part I: The Nursing Process

Answer the following questions:

1. Define the nursing process in your own words (summarizing the information in the references found on the student competency sheet).

2. Identify each step of the nursing process.

   a.

   b.

   c.

   d.

Part II: Assessment

Answer the following questions:

1. Describe the process of data collection (what three processes are used in collecting data).

   a.

   b.

   c.

2. Identify each of the following as objective data or judgment and conclusion.

Data	Comment	J=Judgment O=Objective
a. neatly groomed	a.	
b. skin slightly warm	b.	
c. 50cc light amber urine	c.	
d. patient pacing the halls	d.	
e. patient very afraid	e.	
f. slim	f.	
g. large amount of green drainage	g.	

3. Identify each of the following as subjective data or judgment and conclusion.

Data	Comment	J=Judgment S=Subjective
a. hostile patient	a.	
b. "This catheter really hurts"	b.	
c. "I'm afraid they are going to find cancer"	c.	
d. patient appears anxious	d.	
e. patient is confused	e.	
f. patient worried about his surgery	f.	

4. Maslow's Theory: Using Maslow's theory, organize the following data:

PHYSIOLOGICAL NEEDS	1. 2. 3.
SAFETY/SECURITY NEEDS	1. 2. 3.
LOVE/BELONGING	1. 2. 3.
SELF ESTEEM	1. 2. 3.
SELF ACTUALIZATION	1. 2. 3.

a. temperature 103 degrees F.
b. "I want Mommy."
c. "I hate staying in bed; only invalids stay in bed."
d. "I want to be a plumber like Dad."
e. lives with parents.
f. c/o sharp pain RLQ.
g. hearing aid - poor hearing (L) ear.
h. married with two childred ages 6 and 8.
i. "I can dress myself."
j. married five years.
k. liquid stools four times in the past hour.
l. no relatives in this city.
m. "How can I face my friends?"
n. "Social work is very fulfilling to me."
o. sleeps with a night light and teddy bear.

5. Nursing Diagnosis

Patient Problem + Cause If Known = Nursing Diagnosis

Some suggestions:
Keep the nursing diagnosis brief.
Keep the nursing diagnosis specific.
Each nursing diagnosis relates to one patient problem.
Each nursing diagnosis must be based on patient data.

The following is a list of nursing diagnoses. Indicate which are written correctly and give a rationale for both correct and incorrect evaluations.

Nursing Diagnosis	Evaluation (I=Incorrect) (C=Correct)	Rationale
a. cancer of the breast		
b. poor vision due to cataracts		
c. pain and fear due to diagnosis		
d. ambulates well		
e. difficulty walking due to pain from abdominal incision		
f. prone to depression due to prolonged hospitalization		

Part III: Planning

Answer the following questions:

A. Planning Steps

1. List the three steps in planning care:

   a.

   b.

   c.

B. Prioritizing Care

1. Define priority:

2. How can you use Maslow to set priorities?

3. In the following situations, list priorities.

a. Mrs. A. is one day post op after ulcer surgery. In the recovery room, Mrs. A. experienced hemorrhaging from her NGT and is presently receiving one unit of whole blood. She has requested the nursing staff allow she and her husband be left alone for the afternoon to spend some time together.

Priority #1:

Priority #2:

b. Mr. J. is on complete bed rest. His main activity during the day is watching T.V. He has requested the nursing staff to limit the passive exercises and turning since it disturbs him.

Priority #1:

Priority #2:

C. Goal Setting

1. Define:

a. nursing goal

b. short-term goal

c, long-term goal

2. Classify the following goals as correct or incorrect.

Goal	I=Incorrect C=Correct	Why
a. patient will be pain free in one hour		
b. increased ambulation		
c. improve nutrition		
d. patient will void by 8 p.m.		
e. Patient will do her own colostomy care by discharge. Patient will demonstrate self care.		
f. patient will improve hydration		

D. Nursing Action

1. Define nursing action.

Part IV: Implementation

Answer the following questions:

1. Define implementation.

2. In the following situations, describe how the implementation of nursing care will be influenced.

   a. Mrs A. is a two day post op appendectomy patient. You are planning to ambulate her around the nurses station. When you enter the room, you find Mr. A. and Mrs. A. deep in conversation. What will you do?

   b. Mr. S. is in visiting his wife. You are planning to teach Mr. and Mrs. S. to inject insulin. When you enter the room, you find Mrs. S. crying and her husband wringing his hands. What will you do?

Part V: Evaluation

Answer the following questions:

1. In evaluating patient care, what two questions should the nurse ask?

   a.

   b.

2. What is the purpose of reassessment?

Module B: Management of Patient Care

Overview

Nursing has searched for a care delivery system that is efficient, cost effective and satisfying to patients and nurses. The system of delivering care has changed during the history of nursing. The four most commonly used systems are: (1) the case method, (2) the functional method, (3) team leading and (4) primary nursing care.

The case method is basically a one-to-one method of delivering patient care. It is used generally in intensive care units and in schools of nursing.

Functional nursing was an outgrowth of division of labor by task -- specialization, or one person for one task. In this sytem, one nurse administers medications, one gives treatments, one gives baths and changes beds, etc.

During the acute nursing shortage caused by World War II, hospitals hired and trained large numbers of technicians, practical nurses, and aides. Supervision of these people fell to the registered nurse. Under team leading, one nurse -- the team leader -- supervises the non-professional personnel and the team provided care to a group of patients.

Primary nursing assigns one nurse to each patient. One nurse may be responsible for six to eight patients. The nurse is responsible for the patient's care twenty-four hours a day for the duration of his/her hospitalization. Delegation of responsibility to an associate is done by daily assessment and care planning.

The purpose of this module is to orient you to the two methods of delivering care used in the area hospitals: team leading (the most popular) and primary nursing. Becoming familiar with these methods of nursing care delivery will help you adapt to the changing role of the nurse in the hospital.

Student Competency Sheet

Unit I: Organizing and Managing Patient Care

Module B: Patient Care Management

Competency: Describe the underlying concepts and essential components of team and primary nursing.

Performance Objectives:

1. Identify the qualifications and roles of the nursing team.
   a. team leader
   b. charge nurse/head nurse
   c. licensed practical nurse
   d. unit clerk/unit secretary
   e. registered nurse
   f. nursing assistant
2. Define three basic types of leadership according to Douglass and Bevis.
   a. autocratic
   b. democratic
   c. laissez-faire
3. Describe the characteristics of an effective leader.
4. Delineate the principles of teamwork which may enhance or impair team effectiveness.
5. Discuss the purpose, planning and method for conducting a team conference.
6. Identify the points for making a good assignment.
7. Discuss the problems encountered in team nursing.
8. Identify the qualifications and roles of the primary nursing team.
   a. head nurse/charge nurse
   b. primary nurse
   c. associate primary nurse
   d. registered nurse
   e. licensed practical nurse
   f. nursing assistant
   g. unit clerk/unit secretary

9. Discuss the various systems used to implement primary nursing.

10. List the six objectives of primary nursing.

11. Discuss the staffing patterns on a primary nursing unit.

12. Identify the advantages and disadvantages of primary nursing to (a) patient, (b) nurse, (c) hospital.

Learning Activities:

Directions: Check off each of the following required activities as you complete it. If you have any questions or problems, please see the instructor.

____ 1. View: Team nursing (HCC LRC # RT905T43)

Team conference (HCC LRC #RT905T42)

Staff communication (HCC LRC #RT87S72)

____ 2. Read: Manthey, M., "Primary Nursing is Alive and Well in the Hospital," AJN 73: 83-81, January.

Stevens, B., "The Problem in Nursing's Middle Management," Journal of Nursing Administration, Sept./Oct. 1972.

Marram, G. et al, Primary Nursing, C. V. Mosby, 1974, pp. 5-19, 39-75, 125-167.

Evaluation:

Describe how the nursing team member functions on a team and primary nursing unit.

Enrichment Activity:

____ 1. Develop a questionnaire to evaluate nurses' job satisfaction. Interview nurses on a team leading and primary nursing unit and discuss your results in class.

____ 2. Read: Spoth, J., "Primary Nursing: The Agony and the Ecstasy," NCNA, June 1977, p. 221-234.

Teacher's Guide

Unit I: Organizing and Managing Patient Care

Module B: Patient Care Management

Answers to student worksheet

Part I

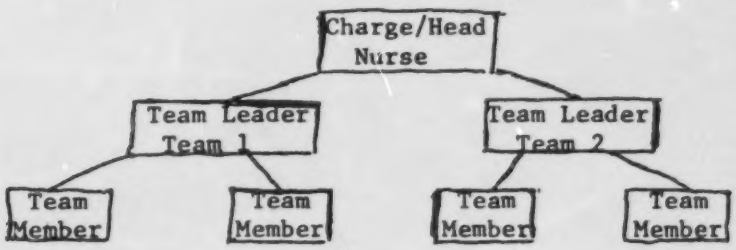
1. Answers will vary. Use your judgment. Allow nurses to discuss their answers in class. (World War II, appearance of paraprofessionals (LPN, N.A.), RN assuming a supervisory job.)

2. Answers will vary. This is a good discussion question.

3.

Staff Member	Education	Function
Head Nurse	RN (in many hospitals with a BSN)	coordinate nursing members of a nursing unit
Team Leader	RN or LPN	supervise care of an assigned group of patients
Team Member	RN, LPN, NA	give care to an assigned group of patients
Unit Secretary	OJT	manage paperwork at nursing station, answer phone, etc.

4.



5. Autocratic:
   one person has supreme power to make decisions for others
   directive
   decreased degree of participation by people involved; minimal commitment
   emphasis on work output
   structured
   traditional forte of nursing

   Democratic:
   authority is vested in leader by group consent and support
   group participates in decision-making
   relationships based on mutual trust
   free and open communication
   optimal use of individual skills and knowledge
   individual development and growth maximized
   meaningful goal development
   generally most effective method

   Laissez-Faire:
   each group member sets goals independently
   no one assumes responsibility for making decisions regarding the group
   exists when either leader is too weak or too threatened to act as leader or there is lack of group trust
   leader may want to "please" everyone, is unable to give strength and direction, set limits, conduct open and honest discussions

6. Characteristics could include:

good health	fairness
interest in people	skill
good communicator	enthusiasm
emotional maturity	willingness to change
tolerence	sense of humor
decision making	self-control

7. Situations will vary. This is a good discussion point for class.

8. Team conference situations would be a good role playing situation for class.

9. Answers will vary. This is a good discussion topic for class. Have nurses compare their answers.

Part II

1. frustration with team leading
   desire of the RN to return to bedside nursing
   accountability
   desire for greater job satisfaction

2. Answers will vary. Nurses should discuss their answers and opinions in class.

3.

Staff Member	Education	Function
Primary Nurse	RN with experience	to be totally reponsible for all nursing care given to assigned patients
Head Nurse	RN (BSN required in some hospitals)	to coordinate nursing staff on the unit
Associate Primary Nurse	RN, LPN	to assist primary nurse in caring for patients
Nursing Assistant	OJT	to assist nursing staff with non-nursing functions
Unit Secretary	OJT	to coordinate paperwork, answer phone, etc.

4.

	Advantages	Disadvantages
Patient	1. has one nurse 2. nursing care is individualized	1. personality clash with PN 2. --
Nurse	1. increased accountability 2. greater job satisfaction	1. status conflict with MD 2. increased amount overtime without pay
Hospital	1. lower turnover 2. fewer sick days	1. potential for increased cost 2. possible physician dislike of PN

Student Worksheet

Unit I: Organizing and Managing Patient Care

Module B: Patient Care Management

Part I: Team Nursing

Answer the following questions:

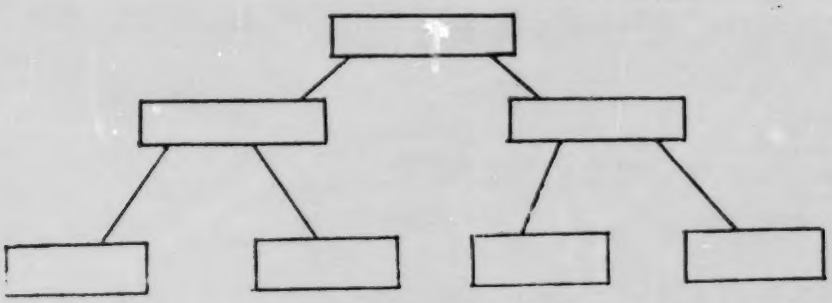
1. Discuss at least three factors that led to the development of team nursing.

2. Describe in your own words how team nursing works.

3. Complete the following chart:

Staff Member	Education	Function
Head Nurse		
Team Leader		
Team Member		
Unit Secretary		

4. Fill in the team members in the following slots:



5. In your own words, define the following:

   a. Autocratic leadership style

   b. Democratic leadership style

   c. Laissez-faire leadership style

6. List (in your own words) at least six characteristics of an effective nurse leader. Which of these do you think are more important? Explain why.

   a.

   b.

   c.

   d.

   e.

   f.

7. Define teamwork. Use a dictionary.

What situations in the general hospital might interfere with team effectiveness? How could you improve these situations? List at least three situations.

a.

b.

c.

8. Choose two of the following situations and plan a team conference for a mixed group of RNs, LPNs and NAs. (Write your goal and outline your content. Plan at least five questions you would ask the participants.)

Situation A: Mr. Thomas Schwartz is an 80-year-old patient who is hospitalized with a CVA. He has a cataract in his (R) eye. He lives alone since the death of his wife two years ago. He has two adult sons, both of whom live nearby. Mr. Schwartz has been confused, disoriented as to time and place, anorexic, has a foley catheter in place, and an IV to KVO. He has pulled both the catheter and the IV out. The members of your team tell you he is abusive to them.

Situation B: Mrs. Kathleen Smyth is a 55-year-old patient with Thrombophlebitis L calf. She is on complete bedrest, subcutaneous injections of Heparin 5000 units q6°, and K-pad to L leg q4°. You find the nurse's aid helping Mrs. Smyth to the bathroom. The aid tells you Mrs. Smyth insisted since she "hates bedpans and refuses to use one."

Situation C: Mr. John Brown is a 30-year-old patient admitted with acute pancreatitis. He is single, shy and sensitive. He says he began to drink after the death of his mother six years ago. After visiting hours one evening you find him drinking in the bathroom. The staff is refusing to care for him since he is just a "dirty alcoholic."

Format for Team Conference #1

Topic:

Goal:

Outline:

Questions:

Format for Team Conference #2

Topic:

Goal:

Outline:

Questions:

9. What are the characteristics of a good assignment?

You are to give report and patient assignments to the NA on your team. Using a tape recorder, record the report and explanations of the assignment to the nurse's aide.

Situation: Mrs. Johnson, age 42, is assigned to your team. She has been off duty for two days. She has been a nurse's aide at the hospital for two years. Her assignment for the 7-3 shift is as follows:

Team 1 (15 patients Room 300-307): take BO, TPR on all patients 10a, 2p, fresh water to all patients, collect urine for S&A before lunch.

300A Mr. Thompson 3 days post op knee surgery - to be OOB→ Chair today, to go to PT @ 10 am.

300B Mr. March 2 days post op hernia - to be OOB Chair tid, ↑ fluid intake, I & O).

301A Mrs. Johnson - for surgery at 9 am NPO p̈ midnight.

301B Mrs. Philips discharge this AM. d/c in wheelchair.

304B Mrs. Dunton complete bath ✓ abdominal dressing for discharge, I&O. I.V. to run 28 gtts/min.

Part II: Primary Training

Answer the following questions:

1. Discuss at least three factors that led to the development of primary nursing.

2. Describe in your own words what primary nursing includes. (Be sure to discuss your feelings about the six objectives of primary nursing.)

3. Complete the following chart:

Staff Member	Education	Function
Primary Nurse		
Head Nurse		
Associate Primary Nurse		
Nursing Assistant		
Unit Secretary		

4. Discuss at least two methods used to implement primary nursing (found in readings; be sure to include staffing requirements).

5. Based on your reading, list two advantages and two disadvantages of primary nursing to the following groups:

	Advantages	Disadvantages
Patient	1. 2.	1. 2.
Nurse	1. 2.	1. 2.
Hospital	1. 2.	1. 2.

Student Competency Sheet

Unit I: Organizing and Managing Patient Care

Module C: Documentation

Competency: Write accurate and concise care plans, nurses notes using both the narrative and SOAP format and give a verbal shift report.

Performance Objectives:

1. Select four major purposes of recording patient information.
2. Utilize abbreviations and terminology which are frequently used in reporting and recording.
3. Identify the advantages and disadvantages of the narrative method of recording patient data.
4. Identify the advantages and disadvantages of SOAP notes.
5. List the main purpose of shift report.
6. Select essential information to be included in shift report.
7. Describe how nursing care plans can be used to individualize and personalize patient care.

Learning Activities:

Directions: Check off each required learning activity as you complete it. If you have any problems or questions, please see the instructor.

____ 1. View: Problem-Oriented Nursing Records
(HCC-LRC #R 864 P76)

How to Write Realistic, Workable Nursing Care Plans
(HCC-LRC # RT 42 H69)

Observation and Charting
(HCC-LRC #RT 50-02)

____ 2. Read: Pepper, G., "Bedside Report," Nursing 78, June, p. 73-74.

Eggland, E., "Charting: How and Why to Document Your Care Daily and Fully," Nursing 80, February, p. 39-43.

Lynaugh, Jana and Balts, B., "The Two Languages of Nursing and Medicine," AJN 73:66-69, January.

Vasey, E., "Writing Your Patient's Care Plan Efficiently," Nursing 79, April, p. 67-71.

Reilly, M., "Let's Set the Record Straight," Nursing 79, January, p. 56-60.

____ 3. Complete the abbreviations sheet (see attached student worksheet).

____ 4. Attend large group presentation.

Evaluation: Evaluate how documentation of care can and does improve patient care.

Enrichment activity:

____ 1. Attend shift report during clinical rotation; compile list of suggestions to improve communication.

____ 2. Develop a simple, easy-to-use care plan format for the Kardex.

Unit I: Organizing and Managing Patient Care

Module C: Documentation

Abbreviations Answer Sheet

@	- at
āā	- of each
abd.	- abdomen
a.c.	- before meals (ante cibum)
ad lib	- as desired (as libitum)
A.M.	- morning
amb.	- ambulate
amt.	- amount
A/R	- Apical - Radial pulse
aq.	- water
ax.	- axillary
b.i.d.	- twice a day (bis in die)
B.M.	- bowel movement
B.R.P.	- bathroom priveleges
B/P	- blood pressure
c̄	- with
C.	- centigrade
C.B.C.	- complete blood count
C.C.	- chief complaint
c.c.	- cubic centimeters
C.S.	- Central Supply
D.C.	- discontinue
dil.	- dilute
dsg.	- dressing
F	- Fahrenheit
fld.	- fluid
Gm.	- gram
gr.	- grain
gtt.	- drop
h.	- hour (hora)
hgb.	- hemoglobin
h.s.	- at bedtime (hora somni)
IM	- intramuscular
I.P.P.B.	- intermittent positive pressure breathing
IV	- intravenous
I & O	- intake and output
m.	- minim
mgm.	- milligrams
noc, noct	- night
NPO	- nothing per mouth (OS)
(O)	- oral
O_2	- oxygen

O.D. - right eye (oculus dexter)

O.S. - left eye (oculus sinister)

os - mouth

O.U. - both eyes

p.c. - after meals (post cibum)

per - through or by

P.M. - afternoon/evening

p.o. - by mouth (per os)

pt. - patient

p.r.n. - as necessary or when required (pro re na'ta)

q A.M. - every morning

q - every (quaque)

q.d. - every day, once a day

q.h. - every hour (quaque hora)

q.h.s. - every night or at bedtime (quaque nocte)

q.2.h. - every two hours

q.i.d. - four times a day (quater in die)

q.o.d. - every other day

q.s. - sufficient quantity

R/O - rule out

Rx - take, treatment

S.S.E. - soap suds enema

$\bar{s}$ - without

s.h. - self help

spec. - specimen

Sig. - write on label

$\frac{''}{ss}$ - half

stat - immediately

sol. - solution

S.O.B. - shortness of breath

t.i.d. - three times a day (ter in die)

T.P.R. - temperature, pulse and respiration

T.W.E. - tapwater enema

V.S. - vital signs

wc - wheelchair

Wt. - weight

ʒ - dram (dr.)

℥ - ounce (oz.)

♀ - female

♂ - male

Student Worksheet

Unit I: Organizing and Managing Patient Care

Module C: Documentation

Abbreviations

@	-	D.C.	-
āā	-	dil.	-
abd.	-	dsg.	-
a.c.	-	F	-
ad lib	-	fld.	-
A.M.	-	Gm.	-
amb.	-	gr.	-
amt.	-	gtt.	-
A/R	-	h.	-
aq.	-	hgb.	-
ax.	-	h.s.	-
b.i.d.	-	IM	-
B.M.	-	I.P.P.B.	-
B.R.P.	-	IV	-
B/P	-	I & O	-
c̄	-	m.	-
C.	-	mgm.	-
C.B.C.	-	noc,noct	-
C.C.	-	NPO	-
c.c.	-	(O)	-
C.S.	-	O_2	-

O.D. -

O.S. -

os -

O.U. -

p.c. -

per -

P.M. -

p.o. -

pt. -

p.r.n. -

q A.M. -

q -

q.d. -

q.h. -

q.h.s. -

q.2.h. -

q.i.d. -

q.o.d. -

q.s. -

R/O -

Rx -

S.S.E. -

$\bar{s}$ -

s.h. -

spec. -

Sig. -

$\frac{''}{ss}$ -

stat -

sol. -

S.O.B. -

t.i.d. -

T.P.R. -

T.W.E. -

V.S. -

wc -

Wt. -

♂ -

♀ -

♂ -

♂ -

Student Competency Sheet

Unit II: Nursing Care and Patient Interactions

Module A: Communication

Competency: At the completion of this module, the nurse should be able to communicate effectively and establish a therapeutic relationship with an assigned patient in the clinical area. (To be evaluated by writing an interpersonal relationship note.)

Performance Objectives:

1. Explain the communication process, the aspects and components.

    1.1. Discuss the value of effective communication to the nurse-patient relationship.

    1.2. Discuss the two aspects of the communication process: (a) communicating and (b) interpreting.

    1.3. List the four basic components of the communication process: (a) sender, (b) message, (c) receiver, and (d) feedback.

2. Interpret verbal and nonverbal communication.

    2.1. Use appropriate language when speaking to patients.

    2.2. Respond to patients' nonverbal messages.

3. Differentiate between social and therapeutic conversations with patients.

    3.1. List at least five factors that promote therapeutic communication.

    3.2. Recognize the value of offering companionship to patients without becoming involved in a social relationship.

4. Utilize therapeutic techniques when interacting with patients.

    4.1. State at least five therapeutic techniques used in nurse-patient interactions and give examples of each.

    4.2. Respond in a therapeutic manner to patient's behavior.

    4.3. Listen in a receptive manner to patients.

5. Recognize the use of nontherapeutic communication techniques.

5.1. State at least five nontherapeutic techniques and give examples of each.

5.2. Avoid the use of nontherapeutic responses when communicating with patients.

Learning Activities:

Directions: These are required learning activities. Check off each assignment as you complete it. If you have any problems or questions, please see the instructor.

____ 1. View the following filmstrips:

a. Developing Skills in Communication - Nurse Patient Relationship (HCC-LRC #RT87D48).

b. The Patient as a Person - Developing Skills in Observation (HCC-LRC #RT87D49).

c. Nurse Patient Interaction Techniques for Therapeutic Communication (HCC-LRC #RT86N87#4).

d. Blockers for Therapeutic Communication (HCC-LRC #RT86N87#5).

____ 2. Read:

a. Van Dersal, Jr., "How to Be a Good Communicator - and a Better Nurse," Nursing 74, December, p. 57-64.

___ 3. Attend instructor led large group discussion on communication concepts and theories.

Evaluation:

Conducts and records on the IPR form five minute therapeutic conversation with a patient in the clinical setting.

Enrichment Activities:

____ 1. View: Personal Communication Gestures, Expressions and Body English Part I & II (HCC LRC #P90P47).

____ 2. Observe how the staff on a nursing unit communicates with patients. Share this information in class.

Teacher's Guide

Unit II: Nursing Care and Patient Interactions

Module A: Communication

Large Group Discussion/Lecture Suggestions:

Go over with the nurses the attached therapeutic and nontherapeutic communication techniques. Allow time for the nurses to share feelings, concerns, etc. about using these techniques.

UNIT II

STUDENT WORKSHEET

Unit II Nursing Care and Patient Interaction

Module A Communication

INTERPERSONAL RELATIONSHIPS

Directions:

Record a 5 minute conversation with a patient. Include both verbal and nonverbal communication. Interpret what you think is happening during the conversation. Include the use of theraputic and nontheraputic techniques. Do not record social interactions. Turn in to the instructor for evaluation.

STUDENT_____

PATIENT DATA:

PATIENT INITIALS:

AGE:

SEX:

DIAGNOSIS:

DESCRIBE THE SETTING: (Patients room, lounge, etc. Where the conversation took place).

Interaction Techniques

Interacting With Patients, Hays and Larson

A. THERAPEUTIC TECHNIQUES IN NURSE-PATIENT INTERACTIONS:

1. ENCOURAGES VERBALIZATION BY:

a. GIVING BROAD OPENINGS
Allowing the patient to take the initiative to introduce a topic.
Examples: Is there something you'd like to talk about?
What are you thinking about?

b. OFFERING GENERAL LEADS
Giving encouragement to continue.
Examples: Go on.
And then?
Tell me about it.

c. REFLECTING
Directing back to the patient questions, feelings and ideas. Encourages the patient to bring forth and accept as part of oneself their own ideas and feelings. The patient's point of view has value.
Examples: Patient: Do you think I should tell the doctor?
Nurse: Do you think you should?
Patient: I wish I could go home.
Nurse: You wish you could go home?

d. RESTATING
Repeating the main idea expressed. Gives evidence that the idea has been communicated, gives opportunity to clear misunderstandings if present.
Examples: Patient: I can't sleep, I stay awake all night.
Nurse: You have difficulty sleeping?
Patient: I wouldn't mind having my eyes covered if I was sure I could see again.
Nurse: You're afraid you won't be able to see again?

e. EXPLORING
Delving further into a subject or idea to get beyond the superficialities of a subject; however, do not force. Respect patient's wishes.
Examples: Tell me more about that.
Would you describe it a bit more?
What kind of work?

2. ACCEPTS THE PATIENT BY:

a. LISTENING TO THE PATIENT

Accepting - giving recognition and reception.

Examples: Yes.
Uh hum.
I follow what you said.
Nodding.

Giving recognition, acknowledging.

Examples: Hello, Mr. Sands.
You're sitting up today.
You've changed your hairdo.

b. PERMITTING PATIENT TO EXPRESS STRONGLY HELD FEELINGS

Valuing the patient's right to their own opinion whether or not you agree. Withholding one's own agreement or disagreement; accepting what is said nonjudgementally.

c. RECOGNIZING FEELINGS EXPRESSED

Verbalizing the patient's expressed feelings lets them know that you heard what was said and that you accept their right to say it and are willing to listen, and talk about the subject.

Examples: Patient: Why do you keep bothering me? Go away and leave me alone!
Nurse: You're angry with me and want me to leave.

d. USING SILENCE

It often encourages the patient to verbalize; indicates that the patient is worthy of your time and interest. It must be an interested, expectant silence.

3. ATTEMPTS TO UNDERSTAND REASON FOR BEHAVIOR BY:

a. NURSE VIEWING SELF BEHAVIOR OBJECTIVELY

Why nurse reacts to the patient as she/he does. Becoming aware of the behavior in response to the patient provides significant clues as to the kind of response the patient's behavior provokes in another and what he/she gains through this.

Examples: His menacing expression is making me feel a bit afraid. I wonder if he wants me to be afraid of him so that I will go away and leave him alone.

b. ENCOURAGING DESCRIPTION OF PERCEPTIONS

Asking the patient to verbalize what is perceived; to understand the patient, the nurse must see things as they seem to the patient.

Examples: What do you thing she meant?
What does the voice seem to be saying to you?
What do you feel like when you feel blue?

c. MAKING OBSERVATIONS

Verbalizing what the nurse perceives; calling something the patient is doing to his attention.

Examples: You appear tense.
Are you uncomfortable when you fidget in your chair?
I notice that you're biting your lips. It makes me uncomfortable when you fidget in your chair. You have been very quiet since your visitors left.

d. SEEKING CONSENSUAL VALIDATION

Searching for mutual understanding in the meaning of words. A given word means the same to you as it does to me.

Examples: Are you using this word to convey the idea that . . .?
Tell me if my understanding of it agrees with yours.

e. VERBALIZING THE IMPLIED

Verbalizing what the patient was hinting at or suggested. Putting it into words makes the communication less obscure. The patient might find it difficult to be direct; this lets one know that you are willing to discuss this subject too. Express only what is fairly obvious to avoid interpreting.

Examples: Patient: I can't talk to you or to anyone, it's a waste of time.
Nurse: Is it your feeling that no one understands?
Patient: (on the way to OR jokingly) Have you contributed to the flower fund for my funeral?
Nurse: Are you feeling frightened of the operation or of what they will find?

f. SEEKING CLARIFICATION

Seeking to make clear that which is vague, be frank about not understanding and do not pretend. It helps the patient to communicate his thoughts more understandably.

Examples: I'm not sure I follow you.
I'm not clear about that.
Are you saying that you think you got the wrong medicine?

4. HELPS THE PATIENT REEVALUATE HIS BEHAVIOR BY:

a. VOICING DOUBT

Expressing uncertainty as to the reality of the patient's perceptions to encourage one to reconsider and reevaluate what has occurred, neither agreeing nor disagreeing, but questioning.

Examples: It's difficult for me to accept that. I find that unusual.

b. ENCOURAGING COMPARISONS

Asking that similarities and differences be noted helps patient to become aware of continuity of his life experiences, while noting differences helps him to evaluate experiences.

Examples: Was this visit home like the first one?
Was this experience something like the problem we talked about yesterday?

c. PRESENTING REALITY

Offering for consideration that which is real; calmly and quietly expressing her own perceptions; may include giving information.

Examples: My name is . . .
The medicine will make you feel sleepy.
I see no one else in the room.
That sound was a car backfiring.

d. PLACING EVENTS IN TIME OR IN SEQUENCE

Clarifying the relationship of events in time; chronological ordering often aids in seeing events in their perspective, more objectively.

Examples: What seemed to lead up to this feeling?
Was this before or after the phone call?
When did this happen?

5. HELPS THE PATIENT TO TAKE PART IN THERAPY BY:

a. SUGGESTING COLLABORATION

The nurse offers a relationship in which things are done with the patient, not for one or to one; also, suggesting other sources of help for the patient's use.

Examples: Maybe you and I can talk about this feeling of uneasiness that you have. Have you thought of talking this over in Group? What about asking her if she was that angry with you?

b. SUMMARIZING

Organizing and summing up what has gone before; bringing together the important points of a conversation gives an awareness of the progress made together toward greater understanding.

Examples: It seems as if we've been talking about some important things today, like your feelings about . . .
So far we seem to have been talking about . . .

c. ENCOURAGING FORMULATION OF A PLAN

Asking the patient to consider kinds of behavior likely to be appropriate in future situations; the plans should be the patient's, not the nurse's. It may be helpful to think about how he might handle future situations which he finds disturbing, such as those in which he is provoked to anger, or is hesitant, shy, or anxious.

Examples: Next time this comes up, what might you do to handle it?
What else might you do when you feel this way?

d. ENCOURAGING EVALUATION

Asking the patient to appraise the quality of an experience helps one to arrive at ones own conclusions, to think for oneself. Patients tend to make great efforts to have the nurse value an experiences, but it is the nurse's task to keep this focus on the patient so that one does not become dependent on the nurses opinion.

Examples: What do you feel about that experience?
Has this happened to you before?
How did you feel when this happened?

B. NON-THERAPEUTIC TECHNIQUES IN NURSE-PATIENT INTERACTION:

1. SWITCHES OFF PROBLEM-CENTERED DATA BY TALKING ABOUT:

a. UNRELATED FOCUS

The line of questioning is not significantly related to the patient's problem.

Examples: Patient: I often tell jokes but I'm really crying inside.
Nurse: What kind of jokes do you tell?

b. INCIDENTAL MATERIAL

The subject is not meaningful to the patient.

Examples: Patient: I always feel lousy when it rains.
Nurse: This is the fifth rainy day we've had this week.

2. MAINTAINS SUPERFICIAL DISCUSSION BY:

a. ELABORATION

Asks for more information than is necessary for understanding of the patient's needs.

Examples: Patient: I always felt lonely living in that house.
Nurse: What did the house look like?

b. SWITCHING TO UNRELATED SUPERFICIAL FOCUS

Changing the subject usually because to continue talking about it makes the nurse uncomfortable, or because s/he would rather discuss something else which is more interesting.

Examples: Patient: I'd like to die.
Nurse: Did you have visitors this weekend?
Patient: The doctors aren't sure whether they'll have to take off my breast or not.
Nurse: Have you ever had an operation before?

3. INTERVENES PERSONALLY BY:

a. GIVING OPINION TO LIFE SITUATION OF THE PATIENT WITHOUT EXPLORING

The nurse is more interested in what s/he has to say than in what the patient has to say.

Examples: Patient: The Vietnam thing disturbs me.
Nurse: I get very angry whenever I think about that mess.

b. GIVING UNSOLICITED PERSONAL OPINION

Again, the nurse is more interested in what s/he has to say and in ones own thoughts, feelings, problems, etc.

EXAMPLES: Patient: The Vietnam thing is certainly a political issue.
Nurse: I don't think we should be there at all.

c. GIVING UNNECESSARY PERSONAL INFORMATION

EXAMPLES: Patient: What did you do over the weekend?
Nurse: I went home and my friend and I saw a good picture and stayed out until all hours.

d. COMPLIMENTING OR FLATTERING

Giving false praise to win the patient's attention.

EXAMPLES: That's the most beautiful painting I ever saw.
I wish I could knit as perfectly as you do.

e. MORALIZING

Imposing your value system on the patient.

1. GIVING APPROVAL

To imply that what one feels, thinks or does is good says that the opposite is bad; it also leads the patient to strive for praise rather than progress.

EXAMPLES: That's good.
I'm glad you called your mother.

2. DISAPPROVING

Implies that the nurse has the right to pass judgment. The nurse informs the patient of the effect of the actions instead of offering value judgments.

EXAMPLES: That's bad.
I'd rather you wouldn't speak that way.
You shouldn't use that kind of language.

f. SEEKING AGREEMENT FROM THE PATIENT ON A PERSONAL OPINION

The nurse is seeking to bolster his/her own ego and is forgetting that he/she is there to help the patient, not vice versa.

EXAMPLES: Don't you think I was right to get angry in the hall meeting?

g. DEFENDING PERSONS, PLACES OR EVENTS

Attempting to protect something or someone from verbal attack; implies that the patient has no right to opinions. Telling the patient that the criticism is unjust does not alter the need to feel this way.

EXAMPLES: This hospital has a fine reputation.
No one here would lie to you.
The fact that I'm a student doesn't mean I don't know anything.
I'm sure he didn't mean it that way.
You aren't the only patient I have to take care of.

h. BELITTLING PATIENT'S EXPRESSED FEELINGS

Misjudging the degree of the patient's discomfort. Implies that the intense feelings are temporary, mild and will easily go away. Indicates ones lack of understanding and empathy. It makes the patient feel small and insignificant.

Examples: Patient: I have nothing to live for.
Nurse: I've felt that way sometimes.
OR
Everybody gets down in the dumps at times.
Patient: If the doctor doesn't give me privileges soon, I'll sign out.
Nurse: Now, now, you're just upset.

4. CLOSES OFF EXPLORATION BY:

a. PREMATURELY GIVING AN INTERPRETATION

Seeking to make conscious that which is unconscious; telling the patient the meaning of the experience. To do so endangers the other roles . . . mother especially implies a lack of confidence in the patient's ability to think things out for oneself. Insight is an experience which is achieved; it cannot be imposed. The patient may not be ready for such insights.

Examples: Unconsciously, you're saying you hate your mother.
You seem to relate to life in a basic orally aggressive manner.

b. PREMATURELY ADVISING SOLUTIONS

Telling the patient what is to be done. It is implied that the nurse knows what is best for the patient and that he/she is incapable of figuring it out alone satisfactorily; prevents the patient from struggling with and thinking through the problem. Giving advice keeps the patient in a state of dependence on the nurse.

Examples: I think you should get your own apartment.
Why don't you tell your husband that you love another man.

c. PREMATURELY GIVING REASSURANCE

Indicating there is no cause for anxiety devaluates the patient's own feelings when you say there is not sufficient reason for the feelings. No value is placed on the patient's judgment; it's an attempt to dispel feelings magically with words.

Examples: I wouldn't worry about it anymore.
Everything will be all right in time.
You're coming along just fine.
You'll be well and out of here soon.

d. CHALLENGING

Demanding proof from the patient, making the patient justify feelings in order to get them to see the unreasonableness of the delusions doesn't work. Delusional ways of thinking are based on need, not on fact or reason.

Examples: If you're dead, why is your heart still beating?
If you're the President, show me your presidential seal.
You can't be constipated, you've had a bowel movement every day this week.
The doctor couldn't have said that.

e. TESTING

Appraising the patient's degree of insight implies that the patient is sick and needs help.

Examples: What day is this?
Do you know what kind of hospital this is?
Can you remember what happened? (rather, Tell me what took place)

f. PROBING

Persistent questioning of the patient makes the patient feel used.

Examples: Now tell me what happened next.
Why do you think that way?
Why did you do that?
Why do you feel that way?

g. DENYING

The nurse is refusing to admit that a problem exists to avoid discussions/he considers meaningless, uncomfortable, or frightening.

Examples: Patient: I'm dead.
Nurse: Don't be silly.
Patient: I'm nothing deep inside.
Nurse: Of course you're something. Everybody is something.

h. MAKING STEREOTYPED COMMENTS

Offering meaningless cliches, trite expressions to make empty conversation is to encourage the same from the patient. Nothing is communicated except the nurse's disinterest.

Examples: It's a lovely day today.
Good morning, how are you today?
I'm fine and how are you?
Keep you chin up.
Let your doctor worry about that.

i. REJECTING

Discouraging discussion of a topic because the nurse cannot handle it.

Examples: Let's not talk about that anymore.
I don't want to hear that old song-and-dance anymore.
I don't think we should talk about those things here.

5. INTRODUCES OR FOLLOWS ILLOGICAL CONTENT BY:

a. CHANGING KEY WORDS WITHOUT VALIDATING CHANGE
Assumes one word or phrase means the same as another.
Examples: Patient: She annoyed me when she said that.
Nurse: Are you often angered by such things?

b. FOLLOWING VAGUE CONTENT OR REFERENT AS IF UNDERSTOOD
Assumes that s/he understands when in fact this is not sure.
Examples: Patient: And then I got this strange feeling inside, you know?
Nurse: Yes, I understand.

c. INTRODUCING VAGUE CONTENT OR REFERENT
Assumes that the nurse and the patient understand the meaning of a word or phrase.
Examples: Patient: I wonder if I'm really going insane.
Nurse: I thought that what we talked about the other day helped you with that.

d. QUESTIONING ON DIFFERENT TOPICS OR LEVELS WITHOUT AWAITING REPLY
The nurse is more intent on formulating questions than interested in the answers. This implies that the nurse knows the answers anyhow and is just talking for the sake of talking.
Examples: Do you always knit in the afternoons? How about when your husband comes to visit? Or does he only visit on weekends?

e. SPEAKING TO QUESTIONS OR STATEMENT OF PATIENT IN CONFLICTING WAYS
Examples: Well, I'd tell him that myself but maybe you shouldn't. Sometimes it's o.k. to feel angry but then again, not if you're going to hurt somebody's feelings.

f. IGNORING QUESTION OF PATIENT
The nurse sidesteps the question because s/he does not know the answer or because s/he does not know how to redirect the patient's attention.
Examples: Patient: What did you do over the weekend?
Nurse: Let's talk about you.

6. REINFORCES PATHOLOGY BY:

a. DIRECTLY OPPOSING STATED BELIEF OR FEELING OF PATIENT
This belittles the patient's feelings.
Examples: Patient: I hate my mother.
Nurse: No you don't.

b. AGREEING WITH AUTISTIC INVENTIONS OF PATIENT
Implying that the unreal is real.
Examples: Patient: This mirror reflects my eyes and the depths of my soul.
Nurse: They say that the eyes are the mirror of the soul.

c. AGREEING WITH SELF-DEVALUATIONS OR PROJECTIONS OF PATIENT

Implying that the unreal is the real.

Examples: Patient: I'm a no good, lousy sinner.
Nurse: You haven't made much of your life up to now.
Patient: That patient hates me and would like to kill me.
Nurse: She isn't too fond of you at that.

d. GIVING LITERAL RESPONSES

Implying that the unreal is the real; also responding without following up the feeling expressed.

Examples: Patient: Are you very busy this morning?
Nurse: Yes, we just had a cardiac arrest.
Patient: I am an Easter egg.
Nurse: What color?
Patient: I can see my thoughts through the T.V.
Nurse: Try not to watch the T.V.

CONVERSATION RECORDING

Patient Comments, Gestures, & Nonverbal Behavior	Nurse Comments Gestures, & Nonverbal Behavior	Interpretation	Instructor Comments

Student Competency Sheet

Unit II: Nursing Care and Patient Interactions

Module B: Pharmacology

Competency: At the completion of this module, the nurse should be able to administer medications safely with full knowledge of dosage, side effects and interactions.

Performance Objectives:

1. Identify basic components of pharmacology.
   - 1.1. Use terminology of drug administration correctly.
   - 1.2. List abbreviations used in drug administration.
   - 1.3. List the reliable sources of drug information.
2. Calculate drug dosages correctly at 90% accuracy.
3. Identify essential information concerning all drugs administered in the clinical area.
   - 3.1. Identify the purpose and action of the drug.
   - 3.2. List the correct dosage range and route of administration.
   - 3.3. Describe the expected side effects.
   - 3.4. State the unexpected or untoward effects.
   - 3.5. Describe the implications for nursing practice including interactions with other drugs and foods.
4. Demonstrate safe technique in administering parenteral and oral drugs, ear and eye drops, and suppositories.
   - 4.1. State the "five rights" of giving medications.
   - 4.2. Discuss the legal implications of drug administration.

Learning Activities:

Directions: Check off each of the following required learning activities as you complete them. If you have any problems or questions, please see the instructor.

___ 1. Attend large group lecture on principles of pharmacology, drug classifications.

___ 2. Complete the drugs calculations (see attached student worksheet).

___ 3. Do drug cards on a specific list of drugs (see attached student worksheet for format and list of drugs).

___ 4. Read: Massachusetts General Procedure Manual p. 53-69, 75-77.

Black, E., et al, "Drug Interactions in the GI Tract," AJN 77, September, 1426-1429.

Ungrarski, P, "Parenteral Therapy," AJN 76, December, p. 1974-1977.

Hayes, J., "Normal Changes in Aging and Nursing Implications of Drug Therapy," Nursing Clinics of North America, Vol. 17, No. 2, June 1982, p. 253-261.

Wyeth Laboratories Intramuscular Injection Sites Chart and Subcutaneous Injection Chart.

Intramuscular Injections Booklet Wyeth Laboratories.

Carr, J., et al, "How to Solve Dosage Problems in One Easy Lesson," AJN 76, December, p. 1934-1937.

"Eyedrop Instillations and Eardrop Instillations Patient Teaching Aid," Nursing 78, July.

___ 5. View any three filmloops/visuals of your choice available in the HCC-LRC (some suggestions are listed in the worksheet).

Evaluation:

While being observed by an instructor, discuss, prepare, and administer parenteral and oral medications and whenpossible suppositories, eye drops and ear drops. If unable to administer suppositories, eye drops and ear drops, discuss step-by-step procedure with the instructor.

Enrichment Activities:

Directions: Choose one or all of the following optional assignments to increase your knowledge of pharmacology.

____ 1. Complete: What Will Happen If . . . (programmed instruction course on drugs and their effects) National Institute of Mental Health.

Lowenthal, H., "Factors Affecting Drug Absorption," AJN 73, August, p. 1391-1408.

____ 2. Read: Bell, S., "Guidelines for Taking a Complete Drug History," Nursing 80, March, p. 10-11.

Parker, H., "Medication Histories," AJN 76, December, p. 1969-1971.

____ 3. View additional filmstrips/filmloops available in HCC-LRC.

Unit II: Nursing Care and Patient Interaction

Module B: Pharmacology

1. Lecture Outline

I. Introduction

A. Definition of Terms
1. pharmacology
2. pharmacotherapeutics
3. therapeutics

B. Basic Nursing Responsibilities
1. administrative drugs
2. watch signs and symptoms, side effects, etc.
3. patient teaching
4. legal implications

C. Legal Regulations and Standards
1. FDA - Federal Food Drug and Cosmetic Act 1938
2. Kefauver-Harris Amendment - 1962
3. Controlled Substance Act - 1970

D. Drug Nomenclature
1. official
2. generic
3. chemical
4. trade name

II. Drug Classification

A. Definitions
1. major classification
2. minor (specific) classification

B. Classifications of Drugs (for each classification give basic action, effects, use and examples)
1. Central Nervous System Drugs
a. General Depressants
(1) sedative-hypnotics
(2) minor tranquilizers
(3) general anesthetics

b. Selective Depressants
   (1) anticonvulsants
   (2) major tranquilizers
   (3) antispasmotics
   (4) antiparkinson
   (5) antitussives
   (6) antiemetics
   (7) narcotic analgesics
   (8) nonnarcotic analgesics

2. Central Nervous System Stimulants
   a. psychomotor/cerebral stimulants
   b. analeptics/brain stem stimulants
   c. pharmacoconvulsants/spinal stimulants

3. Autonomic Nervous System Drugs
   a. cholinergics
   b. cholinergic blocking agents
   c. adrenergics
   d. adrenergic blocking agents
   e. ganglionic blocking agents

4. Cardiovascular Drugs
   a. cardiac glycosides
   b. ancarrhythmics
   c. nitrates
   d. vasodilators
   e. antilipemics
   f. anticoagulants
   g. hematinics
   h. diuretic
   i. antihypertensives

5. Hormones and Endocrine Drugs
   a. pituitary hormones
   b. adrenocorticosteroids
   c. female hormones
   d. androgenic agents
   e. thyroid hormones
   f. insulin

6. Anti-infectives
   a. antibiotics
   b. sulfonamides
   c. antituberculosis
   d. antiviral
   e. antifungal

7. Gastrointestinal Drugs
   a. antiacids
   b. antiemetics
   c. antidiarrheals
   d. laxatives
   e. digestants

8. Uterine Drugs
   a. oxytotics
   b. ergot alkaloids
   c. prostaglandins

9. Opthalmic Agents
   a. miotics
   b. mydriatics

10. Respiratory Drugs
   a. antitussives
   b. bronchodilators
   c. expectorants
   d. mucolytes

11. Dermatologic Agents
   a. antipuretics
   b. antiseborrhlics
   c. antiseptics
   d. astringents
   e. disinfectants
   f. emollients
   g. escharotics

12. Immunologic Agents
   a. vaccines
   b. toxoids

III. Medication Administration Systems

A. Medication Orders
   1. written
   2. verbal/phone
   3. self-terminating (e.g. 72 hrs. narcotics, 5 days steriods, qd anticoagulants, etc.)

B. Unit Dose System

C. Stock Medication System

2. Key Equivalents

1 Gm = 1000 mg = gr 15
gr 1/2 = 30 mg
gr 1/150 = 0.4 mg
1cc = 15 m.
30cc = 1 oz.

Calculation for math problems:

$\frac{\text{desired}}{\text{on hand}}$ x quantity = amount to give

3. Drug Cards

RN Medication Tip Cards are available from:

RN Reprints
680 Kinderkamack Road
Oradell, New Jersey 07649

Calculations Worksheet - Answers

1. 10 gr. = 0.6 Gm.
2. 4 cc. = 1 tsp.
3. 1 cc. = m. 15
4. 1 tsp. = dr. 1
5. 1 dr. = m. 60
6. 15 gtts. = m. 15
7. 8 cc. = dr. 2
8. gr. v = 0.3 Gm.
9. 2 pt. = 1000 cc.
10. 15 cc. = 1 tbsp.
11. 1/2 tsp. = m. 30
12. 2 oz. = 60 Gm.
13. 1 Gm. = gr. 15
14. gr. 1/10 = 6 mg.
15. dr. xx = 80 cc.
16. 750 m. = 50 cc.
17. 1 qt. = 1 L.
18. gr. xxx = 2 Gm.
19. 75 mg. = gr. 1 1/4
20. 3 tsp. = gr. 180
21. 2 xx. = dr. 1/2
22. 1 tbsp. = 240 gtts.
23. m. Lx = dr. 1
24. 240 cc. = ox. 8
25. gr. iii = 0.2 Gm.
26. 0.1 L. = 100 ml.
27. gr. 1/20 = 3 mg.
28. 8 ℥ = ℨ = 1
29. 110 lbs. body wt. = 50 kg.
30. m 1 1/2 = 0.1 cc.
31. 1 gtt. = 0.06 ml.
32. 50 cc. = ℥ 1 2/3
33. 5 ml. = m. 75
34. ℥1/6 = m. 10
35. 5.4 L. = 0.0054 Kl.
36. 0.0065 Gm. = 6.5 mg.
37. 2 tsp. = 8 cc.
38. 2 cc. = 30 gtts.
39. 1 tbsp. = ℥ 1/2
40. 120 gtts. = 2 tsp.
41. 0.05 Kg. = 50 gm.
42. 135 cc. = 4 1/2 oz.
43. 0.4 mg. = 0.0004 Gm.
44. ℨii = 8 cc.
45. 1000 cc. = qt. 1
46. ℨ1/15 = 2 cc.
47. 45 gr. = ℥3/4
48. 1500 cc. = 1 1/2 qts.
49. 480 gtts. = 1 oz.
50. gr. 1/6 = 10 mg.

Oral Dosage Math Problems

1. Give Phenobarbital gr. 1 1/2 from Phenobarbital tablets 30 mg.:

3 tabs

2. Give Ephedrine gr. 3/4 from Ephedrine tabs. grs. 3/8:

2 tabs

3. Give 1 Gm. Sodium Bicarbonate from a Sodium Bicarbonate Solution labeled gr. V = 4 ml.:

12 ml

4. Give Scopolamine 0.2 mg. from Scopolamine tabs. gr. 1/150:

1/3 tab

5. Give Aspirin 0.64 Gm. from tabs. 0.32 Gm.:

2 tabs

6. Give Ascorbic Acid 0.1 Gm. from Ascorbic Acid tabs. 50 mg.:

2 tabs

7. Give Ferrous Sulfate gr. X from Ferrous Sulfate tabs. 0.3 Gm.:

2 tabs

8. Have 30 mg. tabs. on hand. Give 75 mg.:

2 1/2 tabs

9. Have gr. 1/300 tabs. on hand. Give 0.4 mg.:

2 tabs

10. Have tabs. labeled 0.2 Gm. Give gr. 1 1/2:

1/2 tab

11. On hand Morphine Sulfate gr. 1/6. Give gr. 1/8:

.75 ml.

I.M. Dosage Math Problems - Answers

Determine the quantity to be given in the following problems (label correctly, i.e. ml):

1. Give codeine 30 mg. "H" from a 20 ml vial of codeine labeled gr 1 in 1 ml:

   0.5 ml

2. Give gr 4 from a 2 ml ampule labeled 0.5 Gm in 2 ml:

   1 ml

3. On hand is Penicillin labeled 100,000 units per cc. Give 60,000 units:

   0.6 cc

4. Give 120,000 units Streptomycin from solution labeled 200,000 u. per cc:

   0.6 cc

5. A solution is labeled dr 1/4 equals 1 cc. How much would you need to give gr 1/6?

   0.6 cc

6. On hand is Chloromycetin 400,000 u. per cc. Give 600,000 u.:

   1.5 cc

7. Give Atropine Sulfate gr. 1/150 from vial labeled 0.4 mg. per ml:

   1 ml

8. To give gr xxx of sodium bromide from a solution containing 1 Gm in 4 cc, use:

   8 cc

9. A 5 cc vial of Procaine Penicillin G is labeled 1,500,000 u. To give 300,000 units, you would need:

   1 cc

10. A 2 cc ampule contains 200 mg of Demerol. How much would you use to give 50 mg?

    0.5 cc

11. 500 mg/1 cc on hand. Give gr 10:

    1.2 cc

12. Give 40 u. of regular insulin. The vial reads 1 ml - 100 u.

    0.4 ml

Student Worksheet

Unit II: Nursing Care and Patient Interactions

Module B: Pharmacology

Calculations

1. 10 gr. = ____ Gm.
2. 4 cc. = ____ tsp.
3. 1 cc. = m. ____
4. 1 tsp. = dr. ____
5. 1 dr. = m. ____
6. 15 gtts. = m. ____
7. 8 cc. = dr. ____
8. gr.v = ____ Gm.
9. 2 pt. = ____ cc.
10. 15 cc. = ____ tbsp.
11. 1/2 tsp. = m. ____
12. 2 oz. = ____ Gm.
13. 1 Gm. = gr. ____
14. gr. 1/10 = ____ mg.
15. dr. xx = ____ cc.
16. 750 m. = ____cc.
17. 1 qt. = ____ L.
18. gr. xxx = ____ Gm.
19. 75 mg. = gr. ____
20. 3 tsp. = gr. ____
21. 2 cc. = dr. ____
22. 1 tbsp. = ____ gtts.
23. m. Lx = dr. ____
24. 240 cc. = oz. ____
25. gr. iii = ____ Gm.
26. 0.1 L. = ____ ml.
27. gr. 1/20 = ____ mg.
28. 8ℨ = ℨ = ____ mg.
29. 110 lbs. body wt. = ____ kg.
30. m 1 1/2 = ____ cc.
31. 1 gtt. = ____ ml.
32. 50 cc. = ℨ____
33. 5 ml. = m. ____
34. ℨ1/6 = m.
35. 5.4 L. = Kl.
36. 0.0065 Gm. = ____ mg.
37. 2 tsp. = ____ cc.
38. 2 cc. = ____ gtts.
39. 1 tbsp. = ℨ____
40. 120 gtts. = ____ tsp.
41. 0.05 Kg. = ____ Gm.
42. 135 cc. = ____ oz.
43. 0.4 mg. = ____ gm.

44. ℥ii = ____ cc.

45. 1000 cc. = qt. ____

46. ℥1/15 = ____ cc.

47. 45 gr. = ℈____

48. 1500 cc. = ____ qts.

49. 480 gtts. = ____ oz.

50. gr. 1/6 = ____ mg.

Oral Dosage Math Problems

1. Give Phenobarbital gr. 1 1/2 from Phenobarbital tablets 30 mg.:

_____

2. Give Ephedrine gr. 3/4 from Ephedrine tabs. grs. 3/8:

_____

3. Give 1 Gm. Sodium Bicarbonate from a Sodium Bicarbonate solution labeled gr. V = 4 ml.:

_____

4. Give Scopolamine 0.2 mg. from Scopolamine tabs. gr. 1/150:

_____

5. Give Aspirin 0.64 Gm. from tabs. 0.32 Gm.:

_____

6. Give Ascorbic Acid 0.1 Gm. from Ascorbic Acid tabs. 50 mg.:

_____

7. Give Ferrous Sulfate gr. X from Ferrous Sulfate tabs. 0.3 gm.:

_____

8. Have 30 mg. tabs. on hand. Give 75 mg.:

_____

9. Have gr. 1/300 tabs. on hand. Give 0.4 mg.:

_____

10. Have tabs. labeled 0.2 gm. Give gr. 1 1/2:

_____

11. On hand Morphine Sulfate gr. 1/6. Give gr. 1/8:

_____

I.M. Dosage Math Problems

Determine the quantity to be given in the following problems (label correctly, i.e. -ml).

1. Give codeine 30 mg. "H" from a 20 ml. vial of codeine labeled gr 1 in 1 ml:

_____

2. Give gr 4 from a 2 ml ampule labeled 0.5 Gm in 2 ml:

_____

3. On hand is Penicillin labeled 100,000 units per cc. Give 60,000 units:

_____

4. Give 120,000 units Streptomycin from solution labeled 200,000 u. per cc.

_____

5. A solution is labeled gr 1/4 equals 1 cc. How much would you need to give gr 1/6?

_____

6. On hand is Chloromycetin 400,000 u. per cc. Give 600,000 u.:

_____

7. Give atropine sulfate gr. 1/150 from vial labeled 0.4 mg. per ml:

_____

8. To give gr xxx of sodium bromide from a solution containing 1 Gm in 4cc, use:

_____

9. A 5 cc vial of Procaine Penicillin G is labeled 1,500,000 u. To give 300,000 units, you would need:

_____ — —

10. A 2 cc ampule contains 200 mg of Demerol. How much would you use to give 50 mg?

_____

11. 500 mg/1 cc on hand. Give gr 10:

_____ — —

12. Give 40 u. of regular insulin. The vial reads 1 ml = 100 u.

_____

Drug Card Example

GENERIC NAME:
TRADE NAME:
CLASSIFICATION:
ACTION:
USES:
SIDE EFFECTS:
ADVERSE/UNTOWARD EFFECTS:
INTERACTIONS WITH OTHER DRUGS AND FOOD:
NURSING CONSIDERATIONS:

Drug cards are to be completed on the following drugs:

1. Demerol
2. Digoxin
3. Heparin
4. Coumadin
5. Valium
6. Keflin
7. Insulin NPH and Regular
8. Lasix
9. Dalmane
10. Pronestyl

Student Competency Sheet

Unit II: Nursing Care and Patient Interactions

Module C: Intravenous Therapy

Competency: At the completion of this module, the nurse should be able to maintain intravenous lines while taking steps to prevent complications.

Performance Objectives:

1. Calculate IV flow rates at 90% accuracy.
2. List and assemble equipment needed to start an IV.
3. Identify the nursing responsibilities in maintaining IV infusions, including checking for infiltration, dressing change, tubing and bag changing.
4. Identify the nursing responsibilities in discontinuing IV infusions.
5. Describe the procedure for use of Imed pump and IVAC controller.
6. Identify the nursing care measures used to administer medications by intermittent infusion (heparin lock).
7. Describe the nursing care of patients who are receiving blood and/or plasma components.

Learning Activities:

Directions: Check off each activity as completed. If you have any problems or questions, please see the instructor.

____ 1. Read: "Troubles With IVs?" Nursing 78, October, p. 78-84.

"Intravenous Therapy - A Special Feature," AJN 79, July, p. 1269-1291.

____ 2. View: Filmstrip - Fluid Balance (HCC-LRC #QP88F58)

Teacher's Guide

Unit II: Nursing Care and Patient Interactions

Module C: Intravenous Therapy

1. Demonstration and Practice Session:

   Have available for students all equipment for starting, maintaining and discontinuing IVs. Demonstrate procedures and allow nurses opportunity to familiarize themselves with the equipment and practice using it.

2. Answers to Problems:

   1. Dr. Green orders the following: 1000 cc. 5% D/W
      1500 cc Ringers Lactate
      500 cc 5% D/S

      This order is to be followed daily x 3. Calculate the flow rate:

      24 gtts/min

	Flow Rate	Flow Rate
2. Dr. Jones orders 1000 cc 5% D/W.	12 gtts/cc	60 gtts/cc
a. Calculate for 12 hr. period:	16 gtts/min.	78 gtts/min.
b. Calculate for 10 hr. period:	19 gtts/min.	96 gtts/min.
c. Calculate for 6 hr. period:	32 gtts/min.	162 gtts/min.

   3. Dr. Brown orders "run present IV until 6:00 P.M. and then discontinue." There are 450 cc remaining in the IV and it is now 12:00 P.M. Calculate the flow rate.

      17 gtts/min

   4. Mrs. Clark is to receive 50 ml. of IV fluid per hour. The microdrip runs at 60 gtts/min. How many hours would 1000 ml. run? What would be the correct number of drops per minute?

      50 gtts/min

5. Dr. Parks orders 500 cc. whole blood to be given in 1 1/2 hours. Calculate the flow rate.

66 gtts/min

Student Worksheet

Unit II: Nursing Care and Patient Interaction

Module C: Intravenous Therapy

Calculation and Regulation of IV Flow Rate

The physician's order will read either:

1000 cc. to be absorbed in (X) number of hours

(X) number of cc.'s to be absorbed every hour.

To calculate:

Step I:

Divide (A), the total number of cc.'s in the infusion, by (B), the number of hours to get (C), the number of cc.'s per hour of IV fluid to be aborbed.

Example:

A. = 1000 cc IV fluid
B. = 8 hours (time period ordered by physician)
C. = 125 cc/hour of IV to be absorbed

$$\frac{1000 \text{ cc}}{8 \text{ hrs.}} = 125 \text{ cc/hr.}$$

Step 2:

Divide (C), the number of cc's/hour by (6), the number of minutes in an hour to get (D), the number of cc's minute.

Example:

C. = number of cc's/hour
60 = number of minutes/hour
D. = number of cc's/minute

$$\frac{125}{60} = 2 \text{ cc/min.}$$

Step 3:

Take (D), the number of cc's/minute and multiply by 12, the number of drops/cc,to get (E), the number of drops/minute.

Example:

D. = number of cc's/minute
12 = number of drops/cc (rate delivered by most IVs)
E. = number of drops/minute or flow rate

2 cc/minute x 12 drops/cc = 24 drops/minute

Practice Problems

1. Dr. Green orders the following:

1000 cc. 5% D/W
1500 cc. Ringers Lactate
500 cc. 5% D/S

This order is to followed daily x 3. Calculate the flow rate:

_____

2. Dr. Jones orders 1000 cc. 5% D/W.

Flow Rate	Flow Rate
12	60

A. Calculate for 12 hour period:

B. Calculate for 10 hour period:

C. Calculate for 6 hour period:

3. Dr. Brown orders "run present IV until 6:00 p.m. and then discontinue." There are 450 cc remaining in the IV and it is now 12:00 p.m. Calculate the flow rate.

4. Mrs. Clark is to receive 50 ml. of IV fluid per hour. The microdrip runs at 60 gtts/min. How many hours would 1000 ml. run? What would be the correct number of drops per minute?

5. Dr. Parks orders 500 cc whole blood to be given in 1 1/2 hours. Calculate the flow rate.

Student Competency Sheet

Unit II: Nursing Care and Patient Interaction

Module D: Asepsis and Infection Control

Competency: At the completion of this module, the nurse should be able to utilize the principles of medical asepsis and infection control while administering patient care.

Performance Objectives:

1. Use the terminology of aseptic practice correctly.
2. Differentiate between medical and surgical asepsis.
3. Describe the purposes and nursing measures employed for:
   a. strict (complete) isolation
   b. respiratory isolation
   c. protective (reverse) isolation
   d. enteric precautions
   e. wound and skin precautions
4. Perform aseptic techniques basic to nursing care.
5. Apply principles of asepsis in giving nursing care.

Learning Activities:

Directions: Check off each of the required activities as you complete them. If you have any questions or problems, please see the instructor.

____ 1. Define the listed set of terms (see student worksheet)

____ 2. Read: Massachusetts General Manual pp. 425-460.

____ 3. View: Infection Control (HCC LRC #RA969I54)
Program 2: Nursing Implications
Program 3: Wound, Skin and Enteric Precautions
Program 4: Respiratory and Strict Isolation

___ 4. Attend demonstration and practice lab session on asepsis and infection control.

Evaluation:

Completion of the terms list at 100% accuracy. Describe isolation technique with 100% accuracy.

Enrichment Activities:

Directions: Complete the activities you prefer. If you have any problems or questions, please see the instructor.

__ __ 1. View: Infection Control (HCC-LRC #RA696I54)
Program 1: Basic Concepts of Microbiology

Asepsis-General Concepts and Principles and Medical and Surgical Asepsis (HCC-LRC #RD91A814)

____ 2. Read: Hospital policy and procedure manual on isolation technique and compare to textbook readings.

____ 3. Interview the Infection Control Nurse in a local hospital concerning infection control policies, infection rates, and other pertinent information. Discuss in class.

Teacher's Guide

Unit II: Nursing Care and Patient Interactions

Module D: Asepsis and Infection Control

1. Answers to terms list:

   Microorganisms: present everywhere: some harmful, others not
   Pathogens: disease-producing microorganisms
   Non-Pathogens: organisms usually not disease-producing
   Asepsis: absence of pathogens
   Sepsis: poisoning due to multiplication of pathogens
   Medical Asepsis: practice that help decrease the number and spread of microorganisms; geared to pathogens; keeping organisms confined or "in"; equipment used clean
   Surgical Asepsis: practices that eliminate all microorganisms; keeping organisms "out"; equipment used sterile
   Contamination: unclean, unsterile
   Noscomial Infection: hospital acquired

2. Lab Session:

   Provide nurses with an opportunity to practice necessary skills and new equipment.

3. Suggestions:

   Guest speaker - Infection Control Nurse, equipment for isolation procedures, review of handwashing technique, using sterile gloves, double bag technique.

Student Worksheet

Unit II: Nursing Care and Patient Interactions

Module D: Asepsis and Infection Control

1. Terminology

Microorganisms:

Pathogens:

Non-Pathogens:

Asepsis:

Sepsis:

Medical Asepsis:

Surgical Asepsis:

Contamination:

Noscomial Infection:

Student Competency Sheet

Unit II: Nursing Care and Patient Interaction

Module E1: Medical Surgical Problems, Procedures and Treatments - Cardiorespiratory System

Competency: At the completion of this module, the nurse should be able to carry out safe and effective cardiorespiratory nursing techniques based on established principles and procedures.

Performance Objectives:

1. Recall normal anatomy and physiology of the cardiovascular and respiratory systems.
2. Identify and use correct procedures in assessing vital signs (blood pressure, pulse, respiration).
3. List the standard procedures for a patient receiving oxygen therapy through mask, nasal cannula or nasal catheter.
4. Describe the nursing care of a patient with water seal chest drainage.
5. Identify the specific techniques used in suctioning a patient.

Learning Activities:

Directions: Check off each of the following required activities as you complete it. If you have any problems or questions, please see the instructor.

____ 1. Attend lecture.

____ 2. Attend nursing lab demonstration and practice session.

____ 3. Read: Massachusetts Procedure Manual p. 96, 113, 261-262, 285.

"Correcting Common Errors in Blood Pressure Measurement," AJN 65, October, p. 133-164.

____ 4. View: Heart Anatomy #1 and #2 (HCC-LRC #QM181H43)

Respiratory System (HCC-LRC #215R47)

Temperature, Pulse and Respiration (HCC-LRC #RC71T45)

Oxygen Administration (HCC-LRC #666-08-099)

Introduction to Tracheostomy Care (HCC-LRC #517I69)

Evaluation:

Demonstrate ability to perform the skills (vital signs, oxygen therapy maintenance, suctioning, chest tubes with water seal drainage) safely, efficiently and accurately in clinical laboratory and/or the hospital.

Enrichment Activities:

Directions: Check off each of the following additional activities as you complete them.

____ 1. Read: "Patient Assessment: Part I - Examination of the Heart and Great Vessels," AJN 76, November.

Sparks, C., "Peripheral Pulses," AJN 75, July, p. 1132-3.

____ 2. View: Oxygen Cannula and Mask (HCC-LRC #RM66608C3)

Nasal Catheter (HCC-LRC #RM66608N3)

Pharyngeal Suctioning (HCC-LRC #RM186P53)

Tracheobronchial Suctioning (HCC-LRC #RM186T73)

Care of a Patient With Water Seal Drainage (HCC-LRC #RD536C27)

Unit II: Nursing Care and Patient Interaction

Module E1: Medical-Surgical Problems, Procedures, and Treatments - Cardiorespiratory System

1. Lecture/Large Group Discussion

   Allow nurses opportunity to discuss readings and filmstrips.

2. Nursing Lab Demonstration and Practice Session

   Provide equipment to demonstrate and practice the following skills:

   Vital Signs: BP, T, R, P
   O_2 mask, cannula, catheter
   Water seal drainage with pleur evac

Student Competency Sheet

Unit II: Nursing Care and Patient Interaction

Module E2: Medical Surgical Problems, Procedures and Treatments - Renal and Gastrointestinal Systems

Competency: At the completion of this module, the nurse should be able to carry out safe and effective specified renal and gastrointestinal nursing techniques based on established principles and procedures.

Performance Objectives:

1. Recall normal anatomy and physiology of the renal and gastrointestinal systems.
2. Explain the rationale and procedure for ostomy care.
3. Assess for the presence of bowel sounds.
4. Identify the principles of caring for patients who have a nasogastric tube in place.
5. Utilize sterile technique when catheterizing a patient.

Learning Activities:

Directions: Check off each required activity as you complete it. If you have any questions or problems, please see the instructor.

____ 1. Read: Massachusetts General Procedure Manual, p. 85-91. 101-104, 309-313, 331-336.

____ 2. View: The Urinary System (HCC-LRC #QM401075)

Male Catheterization (HCC-LRC #RC8747M35)

Urinary Catheterization and Care #4 Catheterization of the Female, #5 Preparation of a Sterile Fluid (HCC-LRC #RC90 7C2075)

____ 3. Attend a large group session.

____ 4. Attend nursing lab demonstration and practice session.

Evaluation:

Demonstrate the ability to perform the skills (insertion,care and removal of NGT, tube feedings, insertion, care and removal of urinary catheters, administer enemas, assess bowel sounds) safely, efficiently and accurately in the clinical laboratory and/or hospital.

Enrichment Activities:

Directions: Check off each activity as you complete it. If you have any problems or questions, please see the instructor.

____ 1. Complete: Mansall E., et al, "Patient Assessment Examination of the Abdomen," AJN 74, September, p. 1679-k702.

___ 2. Observational experience with an Enterostomal Nurse Therapist or interview an Enterostomal Nurse Therapist.

____ 3. View: Care of Patient with Foley Catheter (HCC-LRC #RC8747C3)

Urinary Catheterization and Care - #3 Obstruction Assessment and #1 Drainage Systems (HCC-LRC #RC9017C2U75)

Basics of Ostomy Care (HCC-LRC #RD543C6L79)

Wound Care - Bag Application to Stoma Part 1 & 2 (HCC-LRC #RD95W69)

Unit II: Nursing Care and Patient Interaction

Module E2: Medical Surgical Procedures and Treatments - Renal and Gastrointestinal Systems

1. Lecture or Large Group Presentation

   Guest speaker: Enterostomal Nurse Therapist

2. Nursing Lab Demonstraion and Practice

   Nurses to practice and familiarize themselves with equipment and practice skills under direction of the instructor.

Student Competency Sheet

Unit II: Nursing Care and Patient Interaction

Module E3 Medical Surgical Problems, Procedures and Treatments - Musculoskeletal System

Competency: At the completion of this module, the nurse should be able to carry out safely and effectively specified musculoskeletal system nursing techniques based on established principles and procedures.

Performance Objectives:

1. Identify bones and muscles of the musculoskeletal system.
2. Utilize nursing judgments in the care and use of protective restraints.
3. Explain the various types of traction and the nursing care of patients.
4. Identify the types of casts, care of patients with casts, patient teaching needs of casted patients.

Learning Activities:

Directions: Check off each required activity as you complete it. If you have any questions or problems, please see the instructor.

____ 1. Read: Massachusetts General Procedure Manual, p. 357-364, 375-377.

Farrell, J., "Casts, Your Patient and You Part I: A Review of Basic Procedures," Nursing 78, August, p. 65-69.

____ 2. View: The Use of Protective Restraints (HCC-LRC #RT87U84)

Restraints Soft (HCC-LRC #RT87R47)

Restraints Posey (HCC-LRC #RT87R49)

Body Mechanics, Body Alignment and Prevention of Contracture (HCC LRC #719-B6)

An Introduction to Traction (HCC-LRC #RD736-T7I58)

____ 3. Attend large group presentation.

____ 4. Attend nursing lab demonstration and practice session.

_____ 5. Observational experience Physical Therapy

Evaluation:

Demonstrate the ability to perform skills (care of patient in traction, care of patient who has a cast, application of restraints) safely, efficiently and accurately in the clinical lab and/or hospital.

Enrichment Activities:

____ 1. Observation in the cast room. Discuss in class.

____ 2. Observational experience with an Orthopedic Technician - (making rounds, setting up traction and evaluating traction). Discuss in class.

____ 3. View: Traction and Nursing Responsibilities (HCC-LRC #RD736T73)

Care of Orthopedic Patient - Preventative Nursing Care of Patient in a Cast (HCC-LRC #RD753C3)

Teacher's Guide

Unit II: Nursing Care and Patient Interaction

Module E3: Medical Surgical Problems, Procedures and Treatments - Muscularskeletal System

1. Large group presentation:

   Guest speakers: Physical Therapist - ROM exercises
   Orthopedic Technician - Traction

2. Nursing Lab Demonstration and Practice:

   Allow nurses opportunity to familiarize themselves with the equipment and practice under guidance of an instructor.

Student Competency Sheet

Unit II: Nursing Care and Patient Interaction

Module E4: Medical Surgical Problems, Procedures and Treatments - Dressings and Wound Care

Competency: At the completion of this module, the nurse should be able to carry out safely and efficiently dressing changes and wound care based on established principles and procedures.

Performance Objectives:

1. Use the principles of asepsis while changing dressings.
2. Discuss the various types of dressings, their purposes and nursing implications.
3. State the procedures for irrigating wounds.

Learning Activities:

Directions: Check off each of the following required learning activities as you complete it. If you have any questions or problems, please see the instructor.

____ 1. Attend nursing lab demonstration and practice session.

____ 2. Read: Massachusetts Procedure Manual p. 78-82. 109.

Lippincott Manual, p. 120-131.

Evaluation:

Demonstrate the ability to perform specified skills (change dressings and irrigate wounds) safely, efficiently and accurately in the clinical lab and/or hospital.

Enrichment Activities:

____ 1. View: Dressing Change #3 (HCC-LRC #RD95W69)

Teacher's Guide

Unit II: Nursing Care and Patient Interaction

Module E4: Medical Surgical Problems, Procedures and Treatments - Dressings and Wound Care

Nursing lab demonstration and practice session should include opportunity for nurses to familiarize themselves with equipment and practice procedures.

Student Competency Sheet

Unit II: Nursing Care and Patient Interaction

Module E5: Medical Surgical Problems, Procedures and Treatments - Specimen Collection and Laboratory Analysis

Competency: At the completion of this module, the nurse should be able to collect listed specimen (urine, stool, sputum and cultures) and evaluate specific laboratory tests (CBC, electrolytes, blood sugar, BUN urine tests).

Performance Objectives:

1. List the procedural steps in taking the following specimens:
   a. urine (clean catch, midstream, foley catheter)
   b. stool guiac
   c. sputum
   d. cultures: urine, stool, sputum, throat
2. Identify the normal values and reasons for deviation from the normal in the following laboratory tests:
   a. CBC
   b. electrolytes
   c. blood sugar
   d. BUN
   e. urine
   f. prothrombin time
   g. APTT

Learning Activities:

Directions: Check off each of the required learning activities as you complete it. If you have any questions or problems, please see the instructor.

____ 1. Attend lecture on laboratory test analysis.

____ 2. Attend nursing lab demonstration and practice session.

____ 3. Read: Massachusetts Procedure Manual, p. 475, 482-488.

____ 4. View: Specimens: Urine, Stool, Sputum (HCC-LRC #RB37053)

Cultures - Wound, Throat and Nose (HCC-LRC #RT87C85)

__ _ 5. Complete lab analysis worksheet (see student worksheet).

Evaluation:

Demonstrate the ability to perform specific skills (sputum collection) safely, efficiently and accurately in the clinical lab and/or hospital. Complete the lab analysis worksheet at 90% accuracy level.

Enrichment Activities:

____ 1. Research the laboratory data of a medical patient's chart and discuss in class.

____ 2. Observe how laboratory samples are analyzed in the hospital laboratory.

Teacher's Guide

Unit II: Nursing Care and Patient Interaction

Module E5: Medical Surgical Problems, Procedures and Treatments - Specimen Collection and Laboratory Analysis

1. Lecture Outline:

I. Principles of Laboratory Analysis

A. why lab testing done

B. duplication of test results (necessary vs. unnecessary)

C. factors influencing accuracy

II. Hematology

A. components of normal blood

B. red blood cells
1. morphology and function
2. normal values

C. white blood cells
1. morphology and function
2. definition of terms
3. normal values

D. chemistry
1. electrolytes (Na, K, Cl)
2. glucose
3. BUN

E. coagulation studies
1. normal coagulation process
2. prothrombin time
3. partial thromboplastin time

2. Answers to Worksheet:

TEST	NORMAL	ELEVATED IN	DECREASED IN	DRUGS INTERFERING WITH RESULTS
Blood Glucose	70-110 mg/ml	diabetes stress Cushings hyperthyroid	tumors stomach alcoholic hypoglycemia hypoglycemia Addison's	These ↑ blood sugar: caffeine diuretics steroids thyroxine estrogens diiantin
Blood Urea Nitrogen	8-18 mg %	kidney disease CHF, vomiting GI hemorrhage stress, high protein diet	liver disease infancy IV feedings	These ↑ BUN: lasix chloral hydrate sulfonamides
Sodium	136-145 m Eq/L	dehydration steroid administration	vomiting, sweating diarrhea diabetic acidosis	These ↑ electrolytes Na & Cl: ACTH steroids guanethidine
Potassium	3.5-5.5 m Eq/L	kidney disease massive tissue trauma	chronic diarrhea dehydration starvation burns Cushings	These ↓ electrolytes NA & Cl: ethacrynic acid lasix thiazides
Chloride	95-103 m Eq/L	Cushings renal disease	gastric suction continuous vomiting low potassium	These ↓ K: ACTH steroids diuretics
Prothrombin Time	11-13 sec.	Prolonged decreased fibrinogen vit. K deficiency severe liver disease	Shortened thrombophlebitis multiple myeloma	Prolong PT coumadin heparin steroids chloral hydrate indocin salicylates thyroxine MAO inhibitors
Activated Partial Thromboplastin Time	35-45 sec. (PTT = 20-29 sec.)	Prolonged: hemolytic disease vit. K deficiency A/C therapy	Shortened: extensive carcinoma after acute hemorrhage	Same as above

Student Worksheet

Unit II: Nursing Care and Patient Interaction

Module E5: Medical Surgical Problems, Procedures and Treatments - Specimen Collection and Laboratory Analysis

Laboratory Analysis Worksheet:

Directions: Complete the following chart. If you have any problems or questions, please see the instructor.

1. Fill in the chart:

TEST	NORMAL	ELEVATED IN	DECREASED IN	DRUGS INTERFERING WITH RESULTS
Blood Glucose				
Blood Urea Nitrogen				
Sodium				
Potassium				
Chloride				
Prothrombin Time				
Activated Partial Thromboplastin Time				

Student Competency Sheet

Unit II: Nursing Care and Patient Interactions

Module E6: Medical Surgical Problems, Procedures and Treatments - CPR

Competency: At the completion of this module, the nurse should be able to carry out safe and effective CPR procedures based on established principles and procedures.

Performance Objectives:

1. List functions and roles of team members during a hospital cardiac arrest.
2. Identify procedures for one-man CPR.
3. Identify procedure for two-man CPR.
4. Describe the equipment found on a CPR cart.

Learning Activities:

Directions: Check off each required activity as you complete it. If you have any problems or questions, please see the instructor.

____ 1. Attend AHA CPR course including lecture and demonstration.

____ 2. Attend nursing lab demonstration and practice session.

____ 3. Discuss in lecture or large group team member functions and hospital protocol for cardiopulmonary arrest.

____ 4. Read: Massachusetts General Procedure Manual, p. 227-247.

Evaluation:

Meet AHA standards for receipt of Basic Life Support Certificate.

Enrichment Activity:

____ 1. Read Lippincott Manual p. 335-339, 1112.

Teacher's Guide

Unit II: Nursing Care and Patient Interactions

Module E6: Medical Surgical Problems, Procedures and Treatments - CPR

Lecture - Outline:

I. CPR in hospital setting

A. discovery of patient (how to call for help, who responds, etc., hospital protocal)
B. initial responsibilities
C. "Code" team (team responsibilities: duties of responders 1 & 2, etc.)

II. Crash Cart

A. Equipment on the cart
B. Drugs
C. Other equipment that responds to a "Code" (e.g. EKG machine, defibrillator, etc.)

III. Nurse's Responsibilities

A. Recording
B. Family of patient
C. Other patients

Nursing Lab Demonstration and Practice:

Equipment should be available for nurses to become familiar with and practice using.

CPR Course: AHA approved instructor

UNIT III

Student Competency Sheet

Unit III: Professional Responsibilities

Module A: Trends in Nursing

Competency: Identify how influences and controls in nursing affect the individual nurse's practice of nursing.

Performance Objectives:

1. Describe the four major types of nursing programs.
2. Identify how nursing education has influenced the practice of nursing.
3. Describe how the following have influenced the current practice of nursing:
   a. Patient Rights Movement
   b. Health Care Delivery System
   c. Collective Bargaining
   d. Nursing Organizations ANA, NLN

Learning Activities:

Directions: Check off each required activity as you complete it. If you have any questions or problems, please see the instructor.

____ 1. Read: Ellis and Hartley, pp. 1-158, 252-324.

____ 2. Discuss in class the influence of current trends on nursing practice.

____ 3. Using the interview guide (see student worksheet), interview a nurse and a patient to evaluate their perception of the changes in nursing.

Evaluation:

Evaluate the effect of changes in nursing on personal nursing practice by sharing and discussion in class.

Enrichment Activities:

Directions: Check off each activity as you complete it. If you have any questions or problems, please see the instructor.

____ 1. View: Legal Implications in Nursing (HCC-LRC #KF2915N8L44)

__ _ 2. Interview a nursing leader concerning the current trends in nursing and share this with the class (e.g. President of MNA, President of MLN, etc.).

Student Worksheet

Unit III: Professional Responsibilities

Module A: Trends in Nursing

Interview Guide

Person interviewed: age group, sex, occupation

Questions (to patients):

1. What is nursing?
2. What does a nurse do?
3. What have been your experiences with nurses?
4. Would you like to see any changes in nurses and nursing?
5. What do you like most about nurses? What do you like least?

Person interviewed: age group, sex, occupation, how long in nursing, graduate of what type program

Questions (to health personnel):

1. What is your idea of nursing? Is it different from when you started nursing school?
2. How do you see the role of the nurse?
3. What changes would you like to see in nursing practice?

NB This is only a guide. Please feel free to ask other pertinent questions.

Teacher's Guide

Unit III: Professional Responsibilities

Module A: Trends in Nursing

Lecture/Large Group Discussion:

Guest speaker - to share information on nursing trends. Suggestions: President of MNA or MLN.

Student Competency Sheet

Unit III: Professional Responsibilities

Module B: Legal Aspects of Nursing

Competency: Identify the legal principles governing the practice of nursing.

Performance Objectives:

1. Use correctly the vocabulary essential to understanding legal aspects of nursing.

2. Define and give at least one example of negligent conduct for the following:

   a. assault
   b. battery
   c. slander
   d. libel
   e. false imprisonment
   f. invasion of privacy

3. Differentiate between legal and ethical considerations for nursing practice.

Learning Activities:

Directions: Check off each required activity as you complete it. If you have any problems or questions, please see the instructor.

____ 1. Read: Ellis and Hartley p. 162-248, 327.

Doll, A., "What to Do After Incident," Nursing 80, January, p. 73-79.

Rozovsky, L., "Answers to the Fifteen Legal Questions Nurses Usually Ask," Nursing 78, July, p. 73.

____ 2. Discuss legal trends in large group discussion.

____ 3. View: Take Care . . . or Beware (HCC-LRC #RT85T35)

TLC Tend With Legal Care (HCC-LRC #RT85T53)

Evaluation:

Evaluate the current legal situation in nursing by discussing with other nurses the current trends in nursing.

Enrichment Activities:

Directions: Check off each activity as you complete it. If you have any problems or questions, please seen the instructor.

____ 1. Read: Hemelt, M. et al, "Your Legal Guide to Nursing Practice," Nursing 79. Part I - Oct. p. 57-64, Part II - Nov. p. 57-64, Part III - Dec. -. 49-56, Part IV - Jan. p. 57-64.

____ Interview a lawyer who specializes in malpractice concerning malpractice suits against nurses. Share this with the class.

Teacher's Guide

Unit III: Professional Responsibilities

Module B: Legal Aspects of Nursing

Lecture/Large Group Discussion:

Guest speaker - lawyer involved in malpractice (hospital attorney).

APPENDIX

HOWARD COMMUNITY COLLEGE

MINIMAL REFRESHER NURSING SKILLS QUESTIONNAIRE

PURPOSE:
The purpose of this questionnaire is to rate skills used by the general staff nurse on a medical/surgical nursing unit. This information will be used to develop a competency-based Refresher Nursing Curriculum.

DIRECTIONS:
Using the following scale, please circle the number next to each skill which appropriately describes the MINIMAL level of knowledge and skill required for the new staff nurse to function competently in your hospital.

1. ESSENTIAL - high degree of knowledge and proficiency required.

2. HIGHLY DESIRABLE - high degree of knowledge and some experience required.

3. DESIRABLE - knowledge required and some experience preferred but not required.

4. NONESSENTIAL - some knowledge desired but skill not required. (hospital prefers to teach or is willing to teach)

SPECIAL NOTE: At the end of the questionnaire please feel free to add any comments or suggestions you have and indicate if you would like a summary of these results.

Thank you for your interest in this project.

Mary C. Lombardo, R.N., M.S.N.

MCL:lel
attachment

HOWARD COMMUNITY COLLEGE

MINIMAL REFRESHER NURSING SKILLS QUESTIONNAIRE

PERSONAL HYGIENE, COMFORT, SAFETY				
Hydraulic lift (hoyer lift)	1	2	3	4
Pedaling a cast	1	2	3	4
Apply restraints	1	2	3	4
Apply elastic bandages/TED's	1	2	3	4
Range of motion exercises	1	2	3	4
Other (specify)	1	2	3	4
INFECTION CONTROL				
Isolation procedures	1	2	3	4
Other (specify)	1	2	3	4
VENTILATION				
Deep breathing and coughing	1	2	3	4
Postural drainage	1	2	3	4
Oxygen therapy				
1. mask	1	2	3	4
2. cannula	1	2	3	4
3. IPPB	1	2	3	4
Nasopharyngeal suctioning	1	2	3	4
Tracheostomy care	1	2	3	4
Other (specify)	1	2	3	4
MEDICATIONS				
Dosage and solution calculations	1	2	3	4
Administering medications				
1. using unit dose	1	2	3	4
2. intravenous piggyback	1	2	3	4
3. intravenous push	1	2	3	4
Interpretation of drug action and interactions	1	2	3	4
DRESSINGS/WOUNDS				
Sterile dressing change	1	2	3	4
Decubitus ulcer care	1	2	3	4
Wound irrigation	1	2	3	4
Other (specify)	1	2	3	4
GASTRIC INTUBATION/FEEDING				
Insert nasogastric tube	1	2	3	4
Remove nasogastric tube	1	2	3	4
Irrigate nasogastric tube	1	2	3	4
Administer tube feedings	1	2	3	4
Other (specify)	1	2	3	4

I.V. THERAPY

Venipuncture	1	2	3	4
Care and redressing of I.V. site	1	2	3	4
Adminster blood	1	2	3	4
Use of I-med pump	1	2	3	4
Site care for Hyperalimentation	1	2	3	4
Maintain hyperalimentation	1	2	3	4
Measure C.V.P.	1	2	3	4
Other (specify)	1	2	3	4

ELIMINATION

Ostomy Care	1	2	3	4
Catheterization				
1. male	1	2	3	4
2. felmale	1	2	3	4
Foley catheter care (perineal care)	1	2	3	4
Other (specify)	1	2	3	4

MOISTURE/HEAT APPLICATION

Hypothermia blanket	1	2	3	4
Heat lamp	1	2	3	4
Aqua K pad (K pad)	1	2	3	4
Other (specify)	1	2	3	4

SPECIMEN COLLECTION

Urine specimen				
1. sugar and acetone	1	2	3	4
2. obtained from foley	1	2	3	4
3. clean catch	1	2	3	4
Wound culture	1	2	3	4
Draw blood	1	2	3	4
Other (specify)	1	2	3	4

DOCUMENTATION

Charting				
1. problem oriented or SOAP	1	2	3	4
2. Episodic	1	2	3	4
Writing nursing care plan (nursing process)	1	2	3	4
Giving Report				
1. oral	1	2	3	4
2. tape recorded	1	2	3	4
Other (specify)	1	2	3	4

ASSESSMENT

Apical pulse	1	2	3	4
Neurological assessment	1	2	3	4
Homan's sign (thrombophlebitis)	1	2	3	4
Bowel sounds	1	2	3	4
Other (specify)	1	2	3	4

EMERGENCY PROCEDURES

CPR	1	2	3	4
Wound disruption	1	2	3	4
Cardiac/respiratory arrest (team roles)	1	2	3	4
Other (specify)	1	2	3	4

MISCELLANEOUS

Primary nursing	1	2	3	4
Team nursing	1	2	3	4
Crutch walking	1	2	3	4
EKG machine operation	1	2	3	4
Patient teaching	1	2	3	4
Interpretation of laboratory data (i.e. CBC, electrolytes)	1	2	3	4
Other (specify)	1	2	3	4

Name: (optional)
Position:
Hospital:
Date:

Do you wish to receive a summary of my results?

Comments/Suggestions: